

IN THE UNITED STATES COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

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IN RE: NATIONAL PRESCRIPTION  
OPIATE LITIGATION MDL No. 2804  
Case No.  
17-mdl-2804  
Judge Dan Polster

This document relates to:  
The County of Cuyahoga, Ohio, et al., v.  
Purdue Pharma L.P., et al.,  
Case No. 1:17-OP-45004 (N.D. Ohio)

~~~~~  
30(b)(6) videotaped deposition of
HUGH SHANNON
January 15, 2019
9:05 a.m.

Taken at:
Climaco, Wilcox, Peca & Garofoli Co., L.P.A.
55 Public Square, Suite 1950
Cleveland, Ohio
Wendy L. Klauss, RPR

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<p style="text-align: right;">Page 3</p> <p>1 APPEARANCES, Continued:</p> <p>2 On behalf of Purdue Pharma L.P., Purdue</p> <p>Pharma, Inc., and The Purdue Frederick</p> <p>3 Company:</p> <p>4 Dechert LLP</p> <p>5 SARA B. ROITMAN, ESQ.</p> <p>6 35 West Wacker Drive, Suite 3400</p> <p>7 Chicago, IL 60601-1634</p> <p>8 (312) 646-5800</p> <p>9 Sara.roitman@dechert.com</p> <p>10 On behalf of Walmart Inc. F/K/A Wal-Mart</p> <p>Stores, Inc.</p> <p>11 Jones Day</p> <p>12 EDWARD M. CARTER, ESQ.</p> <p>13 325 John H. McConnell Blvd.</p> <p>14 Suite 600</p> <p>15 Columbus, OH 43215-2673</p> <p>16 (614) 469-3939</p> <p>17 Emcarter@jonesday.com</p> <p>18 On behalf of Cardinal Health, Inc.:</p> <p>19 Williams & Connolly LLP</p> <p>20 J. ANDREW KEYES, ESQ.</p> <p>21 725 Twelfth Street, N.W.</p> <p>22 Washington, DC 20005</p> <p>23 (202) 434-5000</p> <p>24 Akeyes@wc.com</p> <p>25 On behalf of the Endo Defendants:</p> <p>Baker Hostetler</p> <p>RUTH E. HARTMAN, ESQ.</p> <p>127 Public Square</p> <p>Suite 2000</p> <p>Cleveland, OH 44114</p> <p>(216) 621-0200</p> <p>Rhartman@bakerlaw.com</p> <p>On behalf of the Distributor Defendant</p> <p>McKesson Corporation:</p> <p>Covington & Burling LLP</p> <p>ASEEM P. PADUKONE, ESQ.</p> <p>One Front Street</p> <p>San Francisco, CA 94111-5356</p> <p>(415) 591-6000</p> <p>Apadukone@cov.com</p>	<p style="text-align: right;">Page 5</p> <p>1 TRANSCRIPT INDEX</p> <p>2 APPEARANCES:..... 2</p> <p>3 INDEX OF EXHIBITS 6</p> <p>4 EXAMINATION OF HUGH SHANNON</p> <p>By Mr. Boranian..... 11</p> <p>5 By Mr. Carter..... 68</p> <p>By Ms. Roitman..... 110</p> <p>6</p> <p>REPORTER'S CERTIFICATE..... 149</p> <p>7</p> <p>EXHIBIT CUSTODY</p> <p>8 EXHIBITS RETAINED BY COURT REPORTER</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

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<p style="text-align: right;">Page 10</p> <p>1 THE VIDEOGRAPHER: We are now on 2 the record. The date is January 15, 2019. The 3 time 9:05 a.m. The caption of this case is In 4 Re National Prescription Opiate Litigation. 5 The name of the witness is Hugh Shannon. 6 At this time the attorneys present 7 and those attending remotely will identify 8 themselves and the parties they represent. 9 MR. CIACCIO: I'll start. Joseph 10 Ciaccio, Napoli Shkolnic, Cuyahoga County. 11 MR. GALLUCCI: Frank Gallucci, 12 Plevin & Gallucci, Cuyahoga County. 13 MR. CASPARY: Chris Caspary, Zashin 14 & Rich, City of Cleveland. 15 MS. JAMES: Erica James, Tucker 16 Ellis, Janssen Pharmaceuticals and Johnson & 17 Johnson. 18 MR. PADUKONE: Assem Padukone, 19 Covington & Burling, on behalf of McKesson 20 Corporation. 21 MS. HARTMAN: Ruth Hartman, Baker 22 Hostetler, on behalf of the Endo defendants. 23 MR. KEYES: Andrew Keyes, Williams 24 & Connolly, on behalf of Cardinal Health. 25 MS. ROITMAN: Sara Roitman, from</p>	<p style="text-align: right;">Page 12</p> <p>1 you today? 2 A. Good morning. I'm well, thank you. 3 Q. Do you understand that you are here 4 today to testify as a representative of 5 Cuyahoga County under Federal Rule of Civil 6 Procedure 30(b)(6)? 7 A. I do. 8 - - - - - 9 (Thereupon, Deposition Exhibit 1, 10 Amended Notice of Videotaped 11 30(b)(6) Deposition of the County of 12 Cuyahoga, was marked for purposes of 13 identification.) 14 - - - - - 15 Q. Take a look at what we have marked 16 as Exhibit 1. This is the notice for today's 17 deposition. Can you take a look at the topics 18 that are listed on pages 2 and 3 of Exhibit 1, 19 and when you are done with that, just look up 20 at me. 21 So, Mr. Shannon, the notice lists 22 topics 10, 12, 17, 23, 24, 25 and 31. Are 23 those the topics that you understand that you 24 are here to testify about today? 25 A. Yes.</p>
<p style="text-align: right;">Page 11</p> <p>1 Dechert, on behalf of Purdue. 2 MR. CARTER: Ed Carter, Jones Day, 3 for Walmart. 4 MS. ZERRUSEN: Sandy Zerrusen, from 5 Jackson Kelly, on behalf of AmeriSourceBergan. 6 MR. BORANIAN: Steven Boranian, 7 from Reed Smith, for defendant 8 AmeriSourceBergan. 9 THE VIDEOGRAPHER: People on the 10 phone? 11 MR. PORTER: Luke Porter, with Reed 12 Smith, on behalf of AmerisourceBergen. 13 MS. HANNAM: Monique Hannam, from 14 Barnes & Thornburg, on behalf of HD Smith. 15 MR. BADALA: Salvatore Badala, on 16 behalf of plaintiff, Cuyahoga County. 17 THE VIDEOGRAPHER: Will the court 18 reporter please swear in the witness. 19 HUGH SHANNON, of lawful age, called 20 for examination, as provided by the Statute, 21 being by me first duly sworn, as hereinafter 22 certified, deposed and said as follows: 23 EXAMINATION OF HUGH SHANNON 24 BY MR. BORANIAN: 25 Q. Good morning, Mr. Shannon. How are</p>	<p style="text-align: right;">Page 13</p> <p>1 Q. And have you prepared to testify 2 about those topics today? 3 A. I have. 4 Q. What have you done to prepare for 5 today's deposition? 6 A. A lot of review of materials, 7 mainly from past years; materials from other 8 county agencies that I'm not a part of but work 9 with, to familiarize myself more with these 10 topics and how they may have affected the 11 operations of those agencies; discussions with 12 some of those directors. 13 I have had discussions with members 14 of the task forces that are in effect right now 15 to deal with the opioid crisis in our 16 community. 17 Q. How did you select the documents 18 and materials that you reviewed for today? 19 A. Most of it was just a general 20 re-review of, you know, information that our 21 office has produced and shared and provided to 22 members of the community and the task forces 23 over the years. 24 Most of, you know, the discussions 25 with the attorneys about these specific topics,</p>

<p style="text-align: right;">Page 14</p> <p>1 once we have had those discussions, maybe start 2 to zero in on specific documents that we may 3 have created out of our office or out of other 4 agencies of the county. 5 Q. Did you make a list of the 6 documents or, otherwise, take notes -- 7 A. No. The -- 8 Q. I wasn't -- 9 MR. CIACCIO: Make sure you -- 10 Q. I didn't go through the standard 11 instructions, but have you been deposed before, 12 Mr. Shannon? 13 A. No. 14 Q. Okay. The person sitting to your 15 left is taking down everything that we say, so 16 it is more that we not talk at the same time. 17 I promise to not cut you off if you promise to 18 not cut me off, and that goes for all of the 19 attorneys here in the room. 20 A. I apologize. 21 Q. If you need a break at any time, 22 just let us know. If we have -- if you don't 23 understand any question that I've asked you, 24 please let me know and I will do my best to ask 25 you a better question, okay? Are those</p>	<p style="text-align: right;">Page 16</p> <p>1 specifically with the categories of injury and 2 our attorneys' response. 3 Tab 2 is titled the Second Amended 4 Corrected Complaint. 5 Q. It looks like there are excerpts of 6 that complaint in tab 2, correct? 7 A. I didn't write this document, so 8 I'm not sure, specifically, if it's an amended 9 version or a condensed version. 10 Q. Okay. For the record, it's not all 11 there, but that's fine. What's the next tab? 12 A. Tab 3, this is the Medical 13 Examiner's of Cuyahoga County report on updated 14 fentanyl, heroin and cocaine deaths, related 15 deaths in Cuyahoga County from June 1 of 2018. 16 Tab 4 is titled the Amended Notice 17 of Videotaped 30(b)(6) Deposition of Cuyahoga 18 County. 19 And tab 5 looks like the 20 organizational chart of Cuyahoga County. 21 Q. Okay. Did you take any handwritten 22 notes on any of those documents? 23 A. I did not. 24 Q. Okay. We will mark that as Exhibit 25 2. If you can just hand it over to me, or you</p>
<p style="text-align: right;">Page 15</p> <p>1 instructions clear? 2 A. Yes. 3 Q. Okay. Thank you. So we were 4 talking about the documents. I think my 5 question was did you keep any list or tally of 6 the documents that you reviewed for today's 7 deposition? 8 A. I did not. 9 Q. Okay. Did you take any notes, when 10 you were preparing for today's deposition? 11 A. I did not. 12 Q. Did counsel provide any materials 13 for you to review? 14 A. Just what's in this binder in front 15 of me. 16 MR. BORANIAN: Do you have a copy 17 of the binder for us? 18 MR. CIACCIO: Sure. 19 Q. Do you have that binder in front of 20 you right now, Mr. Shannon? 21 A. I do. 22 Q. So tell me what's in the binder. 23 A. So tab 1, I believe tab 1 deals 24 with what they call -- what they have named 25 interrogatory number 18, which deals</p>	<p style="text-align: right;">Page 17</p> <p>1 can just put the sticker on yourself. 2 - - - - - 3 (Thereupon, Deposition Exhibit 2, 4 Black Binder Containing Tabs 1 5 Through 5, was marked for purposes 6 of identification.) 7 - - - - - 8 MR. GALLUCCI: I think we did it on 9 the outside yesterday. 10 MR. CIACCIO: We did. 11 Q. Now, other than the documents in 12 that binder, Exhibit Number 2, are there any 13 other documents that you reviewed that you 14 physically have that you collected in a file or 15 anywhere else? 16 A. Most of our files we put online, 17 because it's information that we are sharing 18 with the community. I do have files on my hard 19 drive that I've collected over the years, which 20 were turned over during discovery. 21 Q. Okay. So specifically for 22 preparation for today's deposition, do you have 23 a file or a box of documents or anything in 24 physical or hard copy? 25 A. No. I try not to waste paper. I</p>

<p style="text-align: right;">Page 18</p> <p>1 just reviewed what I was looking for in my 2 files and on the website, just to refamiliarize 3 myself. 4 Q. Who did you speak with to prepare 5 for today's deposition? 6 A. Well, obviously Dr. Gilson and I 7 have spoken at length. I'm his administrator 8 at the medical examiner's office. So during 9 the course of the day, we are always talking. 10 Occasionally, what we are doing during the day 11 also crosses over into preparation of what we 12 are doing for this action. 13 Q. Did you talk to Dr. Gilson between 14 his deposition yesterday and this morning? 15 A. Yes. 16 Q. Okay. And what did you discuss 17 with him? 18 A. Well, he was here late yesterday, 19 and I was his ride, so I took him back to the 20 office, and we were basically talking about 21 what had happened at the office while we were 22 gone, and that he needed to get home and have 23 dinner and see his kids. 24 Q. And did you discuss his deposition 25 or the case during that conversation?</p>	<p style="text-align: right;">Page 20</p> <p>1 updates, like I normally would, actually helped 2 me in preparation as well. 3 Q. When did you learn that you would 4 be a representative of the county for 5 deposition? 6 A. I think there was a general 7 understanding that there was going to be a 8 deposition at some point. I don't believe I 9 could pick a specific date. 10 Q. Well, when did you learn that you 11 would testify on these specific topics? 12 A. For the 30(b)(6) deposition, I 13 think that might have been more recent, maybe 14 two months. 15 Q. Okay. So I understand that you 16 deal with these folks in the regular course of 17 business. 18 A. Sure. 19 Q. But I just want to complete getting 20 a description of how you prepared for the 21 deposition. 22 So since you learned that you would 23 testify on these enumerated topics, who else 24 have you spoken to, for the purpose of 25 educating yourself and preparing yourself to</p>
<p style="text-align: right;">Page 19</p> <p>1 A. Only to the extent that it lasted 2 longer than he thought it would. 3 Q. Who else did you talk to for 4 today's deposition? 5 A. We have had a number of discussions 6 by phone with other directors. The HHS 7 director, David Merriman, talked to us a little 8 bit about the impacts on child and family 9 services. Vince Caraffi, at the board of 10 health, he ran the Opiate Task Force for the 11 board of health. Dr. Joan Papp, at 12 MetroHealth, we had a brief conversation, 13 updates about the Dawn program. 14 It's hard to really say I talked 15 specifically to this person about this specific 16 topic, because my work with the medical 17 examiner's office, as well as with the various 18 task forces that we participate in, kind of, 19 brings me into contact with these folks about 20 the general topic of the opioid crisis on a 21 daily basis. 22 So I wouldn't seek people out 23 necessarily to prepare but, as we were talking 24 during the normal course of business, things 25 that I learned from them getting regular</p>	<p style="text-align: right;">Page 21</p> <p>1 testify for the county on these topics. We 2 have Dr. Gilson, Mr. Merriman, Mr. Caraffi, Dr. 3 Papp. Who else? 4 A. I would say -- I would say members 5 of law enforcement: Commander Gingell from the 6 City of Cleveland, he runs the HIDI task force, 7 among other things, for the City of Cleveland; 8 agent Martin from the DEA, I had a brief 9 conversation; Derek Siegle, he's the director 10 at the High Intensity Drug Trafficking Agency. 11 Q. You mentioned you spoke to some 12 task force members. Does that jog your memory 13 at all? 14 A. Judge Synenberg and Judge Matia, 15 they were on the drug and recovery courts. As 16 I said, it is difficult to differentiate 17 between my normal course of business. 18 Q. If anyone else comes to mind, just 19 let us know. 20 A. Sure. 21 Q. Did you meet with attorneys to 22 prepare for today's deposition? 23 A. I did. 24 Q. And how many times? 25 A. It would be hard for me to put a</p>

<p style="text-align: right;">Page 22</p> <p>1 number on it. It's been a busy two months. 2 Q. Is it more than once? 3 A. Yes. 4 Q. Is it more than five times? 5 A. I would say, yes. 6 Q. Is it more than ten times? 7 A. Very likely. 8 Q. So you have met with attorneys. Is 9 it more than 15 times? 10 A. As I said, we have met in person, 11 we have talked on the phone. It's been a busy 12 two months. I would say dozens of times, yes, 13 at least. 14 Q. Okay. So if you can, how many 15 times did you meet with attorneys for the 16 purpose of preparing for today's deposition to 17 testify on these enumerated topics? 18 A. It's probably a dozen -- dozens of 19 times, yeah, right. 20 Q. How many hours total do you think? 21 A. Like I said, over the course of my 22 normal business, I'm constantly dealing with 23 these issues, so it's hundreds of hours, I 24 would think. Specifically saying, let's start 25 with the 30(b)(6) topics, at least 100 and</p>	<p style="text-align: right;">Page 24</p> <p>1 Mr. Shannon, does the county -- got 2 it? 3 Mr. Shannon, does the county 4 contend that it has incurred harm resulting 5 from the promotion, marketing, distribution 6 and/or diversion of prescription opioids? 7 A. Yes, it does. 8 Q. Let me show you Exhibit 3. This 9 might speed things along a little bit. 10 - - - - - 11 (Thereupon, Deposition Exhibit 3, 12 Plaintiff the County of Cuyahoga, 13 Ohio and the State of Ohio Ex Rel. 14 Prosecuting Attorney of Cuyahoga 15 County, Michel C. O'Malley's Second 16 Supplemental Responses and 17 Objections to Distributor 18 Defendants' Interrogatory No. 18 19 Pursuant to the Court's November 21, 20 2018 Order, was marked for purposes 21 of identification.) 22 - - - - - 23 Q. Mr. Shannon, Exhibit 3 is 24 Plaintiff, The County of Cuyahoga, the second 25 supplemental responses and objections to</p>
<p style="text-align: right;">Page 23</p> <p>1 maybe more. 2 Q. When was the last time you met with 3 attorneys to prepare for today's deposition? 4 A. You mean besides this morning? 5 Q. Was this morning the last time? 6 A. Yes. 7 Q. Then before this morning, when was 8 the last time you met with attorneys? 9 A. Yesterday. 10 Q. And how long did that meeting take 11 place? 12 A. Several hours. 13 Q. More than four? 14 A. About four maybe. 15 Q. And who was there? 16 A. The gentleman seated to the right 17 of me. 18 Q. Mr. Ciaccio? 19 A. Mr. Ciaccio and Mr. Gallucci. 20 There were other attorneys coming in and out. 21 Q. Okay. Let me ask you about topic 22 10, Mr. Shannon. Topic 10 is the harm that 23 plaintiff has incurred from the promotion, 24 marketing, distribution, dispensing and/or 25 diversion of prescription opioids.</p>	<p style="text-align: right;">Page 25</p> <p>1 distributor defendants' interrogatory number 18 2 pursuant to the Court's order of November 21, 3 2018. 4 This was in the binder that we 5 marked as Exhibit 2, correct? 6 A. Yes. 7 Q. And this is an interrogatory 8 response that deals with the damages that the 9 county is claiming in this lawsuit, true? 10 A. Yes. 11 Q. So let's go to Exhibit 2 within 12 Exhibit 3, this response. It's a chart that 13 looks like this. Okay. 14 So Mr. Shannon, does the county 15 contend that it has incurred harm that has had 16 an impact on the ADAMHS Board? 17 MR. CIACCIO: Object to the form. 18 A. Yes, it does. 19 Q. What does ADAMHS Board stand for? 20 A. The ADAMHS Board is the Alcohol 21 Drug and Mental Health Services Board. 22 Q. And what harm does the county 23 contend was incurred that had an impact on the 24 ADAMHS Board? 25 A. So in responding to the opioid</p>

<p style="text-align: right;">Page 26</p> <p>1 crisis, Cuyahoga County and individual agencies 2 within it had been doing work on their own. 3 ADAMHS Board is obviously a frontline agency in 4 dealing with the treatment of people who are 5 addicted to alcohol and drugs. 6 When it became clear that we had a 7 real problem, that some of the services at 8 agencies across the county were being 9 overwhelmed, we needed to really get together 10 to talk about, you know, ways to respond in a 11 more vigorous way. 12 When the Cuyahoga County Medical 13 Examiner's Office was talking about the crisis, 14 we had seen a rise in heroin deaths, and so we 15 called the ADAMHS Board to find out, had they 16 been seeing the same thing. We called the 17 board of health, we talked to the U.S. 18 Attorney's Office, Steve Dettelbach and Carole 19 Rendon and other people, saying, are you seeing 20 the same things that we are seeing, do we need 21 to sit down and talk about the response. 22 So that was really the creation of 23 the U.S. Attorney's Task Force at that point. 24 Q. I didn't ask you about the U.S. 25 Attorney's Task Force, Mr. Shannon.</p>	<p style="text-align: right;">Page 28</p> <p>1 tell you that in our conversations, when the 2 task force was formed, ADAMHS was there. 3 They were stressed. They required 4 more resources to respond, same as all the rest 5 of the agencies of the county that are listed 6 here, more people going through the Court 7 system, more people going into the jail. All 8 of these things, stemming from the opioid 9 crisis, created stresses on local government 10 that required more vigorous response and more 11 resources. 12 Q. So this chart attached to the 13 interrogatory response purports to list 14 damages. It is divided into each of these 15 categories, and it is listed out from 2006 16 through 2017. 17 What I want to understand, and 18 there is somebody else designated to testify 19 about the Cuyahoga County's damages, okay? 20 Topic 10 is the harm, the harm resulting in the 21 damages. We don't need to get into the 22 numbers, all right, we don't have time for that 23 today anyway. 24 What I want to know is, what 25 happened that impacted the ADAMHS Board that</p>
<p style="text-align: right;">Page 27</p> <p>1 My question is: What harm did the 2 county incur that had an impact on the 3 operations of the ADAMHS Board -- 4 A. Understood. 5 Q. -- that's the question. 6 A. Understood. Unfortunately, it's 7 really all tied together. ADAMHS Board 8 response, the board of health's response, the 9 medical examiner's response, law enforcement's 10 response, we decided that we needed to be 11 working more closely together. 12 So in order to do that, and to your 13 question, everybody suffered harms because of 14 the resources that needed to be expended, 15 because everybody's caseloads were going up, 16 there were, you know, more people needing to 17 get into treatment, the hospitals were starting 18 to get overwhelmed, their emergency rooms, our 19 office was being stressed, the medical 20 examiner's office, and carried down the line. 21 There was a ripple effect. 22 So in enumerating what damages go 23 to what specific agency, I think that will be 24 worked out by their experts that the 25 representation here is working with, but I can</p>	<p style="text-align: right;">Page 29</p> <p>1 resulted in the claimed damages of, for 2 example, 6 million dollars in 2006; what is the 3 harm -- 4 MR. CIACCIO: Objection. 5 Q. -- that that money was incurred to 6 address? 7 MR. CIACCIO: Objection to the 8 form. 9 Q. If there is a better way to 10 organize this, I'm open to that, but this is 11 the way that the county set this out for us. 12 This is how we are going to start doing this. 13 You know, what is the harm that 14 occurred to the ADAMHS Board that resulted in 15 these numbers? 16 MR. CIACCIO: Objection to form. 17 A. If I understood you, you said you 18 didn't want to talk about the specific numbers, 19 so I'm not sure that I could speak to what you 20 specifically asked, 6 million dollars in this 21 year for that agency. 22 Q. Well, some harm happened to form 23 the basis for these damages. Something 24 happened to the ADAMHS Board that was harmful; 25 what was it?</p>

<p style="text-align: right;">Page 30</p> <p>1 A. Right. So that's what I was trying 2 to explain, and maybe I wasn't doing a good 3 job, and I apologize. 4 Q. Well, I heard greater caseloads, I 5 heard more people in jails, more patients 6 coming through the medical examiner's office, 7 but the county has disclosed numbers in 8 connection with the ADAMHS Board, as well as 9 the medical examiner and others. What's the 10 harm, what's the harm to the ADAMHS Board? 11 A. So the harm is that more resources 12 are needed when there are more people seeking 13 treatment. 14 Q. So greater treatment caseloads? 15 A. Absolutely. 16 Q. Anything else to the ADAMHS Board? 17 A. So in familiarizing myself with all 18 of these other agencies and working with them 19 on the task force, all the discussions have 20 really amounted to the same types of things. 21 There are more people who are 22 becoming addicted, there are more people who 23 are dying, there are more people who are 24 seeking treatment, there are more people 25 getting caught up in the justice system because</p>	<p style="text-align: right;">Page 32</p> <p>1 opioid crisis, and that means more caseloads 2 for caseworkers to go out and do 3 investigations, additional placements in foster 4 care. The costs of these services are not 5 cheap. 6 I mean, often times there are 7 babies that are being born who are already 8 addicted to opiates. So not only are you 9 looking to try to get treatment for parents, 10 but if they die or they lose custody of their 11 children, now we are trying to get treatment 12 for babies who are addicted, born addicted to 13 opiates, and then get them placed in foster 14 care or through the adoption system. So all of 15 these are additional stresses on DCFS. 16 Q. Are there greater or fewer numbers 17 of placements through DCSF since 2006? 18 A. Far more. 19 Q. And who told you that? 20 A. Director Merriman. 21 Q. I'm going to take these next few 22 together, Mr. Shannon. First of all, have you 23 identified the harm incurred that has impacted 24 DCSF? 25 MR. CIACCIO: Object to the form.</p>
<p style="text-align: right;">Page 31</p> <p>1 of their activities surrounding the opioid 2 crisis, and in order to respond to that, as a 3 local government, it requires additional 4 resources. 5 I am not sure that I can speak to 6 the individual numbers, as you are asking. 7 Q. I'm not asking for numbers. I'm 8 asking for the harm. I'm asking for what 9 happened to harm the county, starting in 2006 10 and extending until today? 11 For ADAMHS we have established 12 that, you know, greater caseloads for 13 treatment. Let's move on to Children and 14 Family Services, what harm has been incurred by 15 the county that has had an impact on Children 16 and Family Services? 17 MR. CIACCIO: Objection to the 18 form. 19 A. So the Department of Children and 20 Family Services is, you know, tasked with 21 protecting the children in this community. 22 They have seen a massive upswing of cases due 23 to the fact that people who are caregivers of 24 these children are either being incarcerated, 25 going into treatment or dying because of the</p>	<p style="text-align: right;">Page 33</p> <p>1 Q. Are you done with that? 2 A. There may be others. This is what 3 I have been able -- that's the major topic that 4 we discussed with Director Merriman. 5 Q. You understand you are here to 6 testify about topic 10, harm incurred, true? 7 A. I do. 8 Q. Is there anything else you can tell 9 us about DCSF, other than what we have already 10 said? 11 A. Not at the moment, no. 12 Q. So let's talk about the prosecutor, 13 the public defender, court of common pleas and 14 juvenile court. Has the county incurred harm 15 that has had an impact on those institutions? 16 A. It has. 17 Q. And what is the harm? 18 A. So again, greater caseloads all the 19 way around, more people going through the 20 justice system. There are more arrests, there 21 is obviously more people going into the jail, 22 both juveniles and adults. This crisis has not 23 spared anybody, based on age, demographics or 24 where they live. 25 So more prosecutions means more</p>

<p style="text-align: right;">Page 34</p> <p>1 cases for prosecutors, more cases for 2 defenders, busier dockets for the Court. 3 We have special dockets, drug court 4 and recovery court. Recovery court was created 5 in response to this crisis. We had already had 6 an operating drug court. I think there is talk 7 about trying to add another to keep up with 8 caseloads. 9 And those deal specifically with 10 trying to get people out of the jail and into 11 treatment. They have criteria that they have 12 to meet, and it is a rigorous program, but they 13 see very good results. But those are also not 14 inexpensive. So more people going through drug 15 courts, getting into treatment, means more 16 resources. 17 Q. Has the county incurred harm that 18 has had an impact on the sheriff's office? 19 A. Yes. 20 Q. And what would that be? 21 A. So the sheriff's office, while it 22 is the main law enforcement agency for the 23 county, which means it's doing more 24 investigations based on the opioid crisis, but 25 it also runs the county jail.</p>	<p style="text-align: right;">Page 36</p> <p>1 happening. 2 In order to deal with our increased 3 caseloads, unfortunately, as fatalities were 4 rising faster than we could almost adapt to, we 5 needed to bring on more forensic pathologists 6 to do autopsies, we needed more forensic 7 scientists in the laboratory to do toxicology 8 testing and drug chemistry work. 9 As the investigations grew more 10 elaborate for drug cases than they had in the 11 past, it required additional training. There 12 were protocols designed with law enforcement, 13 with the prosecutor's office, to instruct 14 people who were going to be on these scenes how 15 to properly collect evidence that they would 16 want to submit for forensic testing. 17 Generally, in a drug case, you 18 wouldn't see a lot of forensic testing done, 19 but these cases now became -- there was a shift 20 in policy both at the prosecutor's and at the 21 U.S. Attorney's Office to be more rigorous with 22 the prosecutions, charging people with 23 manslaughter, death specification cases. So it 24 required more evidence collected at the scene. 25 So when packaging is found at the</p>
<p style="text-align: right;">Page 35</p> <p>1 The county jail is now 2 overcrowded -- more overcrowded, it has also 3 become one of, if not the largest drug 4 treatment center in Cuyahoga County. Research 5 done of local cases by the medical examiner's 6 office, I believe, showed that we had somewhere 7 in the 40 to 50 percent range of folks who were 8 dying of an opioid overdose had had some jail 9 time in the previous two years. 10 So as those numbers go up, you are 11 talking about more and more people going into 12 the jail. Probably one of the most expensive 13 things that Cuyahoga County does is run that 14 jail. 15 Q. Has the county incurred harm that 16 had an impact on the medical examiner's office? 17 A. It has. 18 Q. And what is that harm? 19 A. So we have, in identifying this 20 crisis, the medical examiner's office has 21 started to collect and produce reports, collect 22 data, produce reports to get out into the 23 community. We felt that that was a very 24 important thing to do, that everybody had a 25 common baseline of knowledge about what was</p>	<p style="text-align: right;">Page 37</p> <p>1 scene by law enforcement, maybe they want 2 fingerprints done, maybe they want DNA testing 3 done. Well, you can't just throw a baggy in -- 4 or throw packaging, drug packaging into a 5 plastic baggy and seal it up if you want DNA 6 testing. It ruins it or it has a potential to 7 regrade it. 8 So we had to just kind of brief who 9 would be on scene, these narcotic agents, these 10 detectives, how to properly collect it if they 11 wanted evidence from our office. So more 12 scientists, more doctors. 13 Obviously, with more case work, we 14 got busier. We needed to buy more supplies, 15 equipment started to fail, we needed to 16 replenish equipment. There was a new 17 technology that helps us identify the new 18 strains and analogs of fentanyl that were 19 emerging, help us identify them and identify 20 them quicker. Over the course of -- 21 Q. I thought you were done. 22 A. No. I'm sorry. 23 Over the course of, I would say, 24 the last three years, we've asked for and 25 received an additional 3 million dollars to our</p>

<p style="text-align: right;">Page 38</p> <p>1 budget to deal specifically with the opioid 2 crisis, for equipment, supplies and personnel. 3 Fortunately, I am familiar with those specific 4 numbers. 5 Q. Has the county incurred any harm 6 that we haven't already discussed? 7 A. For sure. 8 Q. What else? 9 A. Well, I would start with the 3,000 10 people that have died in the last dozen years 11 or so from an opioid-related drug. 12 Q. Which is a great loss to their 13 friends and family, true? 14 A. Correct. 15 Q. I'm asking about harm to the 16 county. What other harm has the county 17 incurred because of the promotion, marketing, 18 distribution and/or diversion of opioids? 19 MR. CIACCIO: Objection to form. 20 Just let him finish the answer before you start 21 interrupting. 22 A. So as I was saying, there is great 23 harm to the county, because those families who 24 were left behind, our doctors have to talk to 25 those families, Dr. Gilson has to talk to</p>	<p style="text-align: right;">Page 40</p> <p>1 Our task today is to identify the 2 harms so we can learn with particularity what 3 we're dealing with here. 4 So is there any harm to the county 5 that we haven't already covered that you are 6 claiming in this lawsuit? 7 MR. CIACCIO: Objection to form. 8 Just objection. Outside the scope. 9 MR. BORANIAN: How could that 10 possibly be outside the scope? 11 MR. CIACCIO: Well, when you are 12 clarify it with that you are claiming in this 13 lawsuit, I think it starts to go into damages. 14 So I think that is outside the scope. 15 If you are going to ask him the 16 damages -- by claiming, you are saying damages. 17 So that's the part that I think is outside the 18 scope. 19 MR. BORANIAN: We have your 20 objection. 21 Q. So, Mr. Shannon? 22 A. So we have talked about the 23 expansion of treatment both in the jail and 24 other areas. One of the things that we did 25 early on, the county supported MetroHealth,</p>
<p style="text-align: right;">Page 39</p> <p>1 parents who have lost children. 2 It's not an easy thing to have to 3 deal with. You can, you know, only say so much 4 for someone who has lost a child, and there are 5 other ripple effects. 6 We talked about what was to DCSF. 7 People are also caregiving for their parents, 8 for their grandparents. When they lose a 9 caregiver, those people have to be taken care 10 of. It goes directly to the harms that ripple 11 out throughout all of the service systems. 12 The county is the last safety net 13 for a lot of people, and so taking 3,000 14 people, often times people who are -- you know, 15 this is not what we remember, you know, from 16 old TV shows. These are people who are working 17 every day, these are people who are 18 contributing to the tax base, they are working, 19 they are taking care of their parents, they're 20 taking care of their families. It has a ripple 21 effect. It is a direct effect on harms to the 22 county. 23 Q. Mr. Shannon, there is not a person 24 in this room who is not sympathetic to the 25 plight that you have just described.</p>	<p style="text-align: right;">Page 41</p> <p>1 which is the county hospital, in instituting 2 the Dawn Program. 3 Dawn is the Deaths Avoided With 4 Naloxone Program, and getting that up and 5 running required an investment of resources 6 from the county to get started. It has since 7 expanded to include increased availability for 8 needle exchange, they have instituted now a 9 fentanyl strip program, which they distribute 10 with the kits and with the needles, so folks 11 can use those to identify if their drugs have 12 fentanyl in them. 13 Not everybody who is seeking drugs 14 is looking for fentanyl. Often times, you 15 know, there is no quality control of it. So 16 that was an important addition, to help harm 17 reduction. 18 There have been expanded 19 interventions for hep C and HIV. Obviously, 20 people who are using needles, that's a danger. 21 Q. Are you talking now about measures 22 the county has taken to address the opioid 23 problem? 24 A. Well, you were asking about the 25 harm.</p>

<p style="text-align: right;">Page 42</p> <p>1 Q. Right.</p> <p>2 A. And so when we expend resources --</p> <p>3 Q. Let me just cut you off there. The</p> <p>4 only reason I asked is because the next topic</p> <p>5 is topic 12, which is mitigation of harm, which</p> <p>6 would address what the county does to address</p> <p>7 the opioid issues. So we're going to get to</p> <p>8 that, I promise.</p> <p>9 A. I understand.</p> <p>10 Q. I want to focus on and finish with</p> <p>11 identifying the harm that has been incurred by</p> <p>12 the county because of the marketing, promotion,</p> <p>13 distribution and diversion of opioids.</p> <p>14 We have gone through each of the</p> <p>15 agencies that are listed in the interrogatory</p> <p>16 response, we have discussed MetroHealth and the</p> <p>17 Dawn Program. Is there any other harm that you</p> <p>18 can identify that the county has incurred</p> <p>19 because of the promotion, marketing,</p> <p>20 distribution or diversion of prescription</p> <p>21 opioids?</p> <p>22 A. So I understand what you are saying</p> <p>23 that we will get to number 12, but when you are</p> <p>24 asking about harms, all of these interventions</p> <p>25 required resources --</p>	<p style="text-align: right;">Page 44</p> <p>1 of the law enforcement resources that are</p> <p>2 required and needed for expanded</p> <p>3 investigations.</p> <p>4 Q. We have covered law enforcement and</p> <p>5 the sheriff's office and the courts and the</p> <p>6 prosecutor and the public defender. Anything</p> <p>7 else?</p> <p>8 A. Currently trying to put together a,</p> <p>9 kind of an integrated data system. There is a</p> <p>10 lot of information that's out there about both</p> <p>11 prescription opioids and the ensuing heroin and</p> <p>12 fentanyl crisis, and they are all on different</p> <p>13 systems, they all come in different formats,</p> <p>14 and they are all owned by different agencies.</p> <p>15 Being able to pull a lot of that</p> <p>16 information together in one place to be able to</p> <p>17 use it to inform law enforcement</p> <p>18 investigations, treatment interventions,</p> <p>19 prevention, it's not an easy task. We are not</p> <p>20 even sure yet what all is out there, but to be</p> <p>21 able to bring a lot of different data platforms</p> <p>22 together under one umbrella is going to be a</p> <p>23 resource-intensive undertaking, and so we are</p> <p>24 fortunate to get a Department of Justice grant</p> <p>25 to start things, but it's really just to get us</p>
<p style="text-align: right;">Page 43</p> <p>1 Q. Very well.</p> <p>2 A. -- to start. So if you are asking</p> <p>3 me, you know, how this is all getting put</p> <p>4 together, that's going to be part of it.</p> <p>5 Q. That's fine. That's fine.</p> <p>6 Is there any other harm to the</p> <p>7 county you want to describe, other than what we</p> <p>8 have already talked about?</p> <p>9 A. So the county, both the ADAMHS</p> <p>10 Board and the county itself, embarked on a</p> <p>11 number of media campaigns, billboards, videos,</p> <p>12 things like that, to do prevention messaging</p> <p>13 into the community about the dangers of opioid</p> <p>14 prescriptions and the opioid crisis.</p> <p>15 So there was a lot of time, effort,</p> <p>16 and resources put into those programs to be</p> <p>17 able to try to stem the tide, make sure that</p> <p>18 people understood the dangers of prescribed</p> <p>19 opioids, to understand that they had the power</p> <p>20 to say to their doctor that they didn't need an</p> <p>21 opioid prescription, if they didn't want one.</p> <p>22 This also led to a lot of school-based</p> <p>23 prevention messaging and programs, again all</p> <p>24 requiring additional resources.</p> <p>25 There is a laundry list, I'm sure,</p>	<p style="text-align: right;">Page 45</p> <p>1 to the point where we know everything we need</p> <p>2 to know to start designing that system. And</p> <p>3 that will be expensive, so...</p> <p>4 Q. Has the county incurred any harm</p> <p>5 because of the marketing, promotion,</p> <p>6 distribution, or dispensing of prescription</p> <p>7 opioids that we haven't already covered?</p> <p>8 A. I'm sure there are others. It's a</p> <p>9 lot, it's a lot of information to try to absorb</p> <p>10 and take in. I have been doing it for seven</p> <p>11 years, and I'm sure there are things I really</p> <p>12 don't know well enough.</p> <p>13 Q. Well, you understand that you have</p> <p>14 been designated to testify --</p> <p>15 A. I do understand that.</p> <p>16 Q. -- on this topic for the county?</p> <p>17 Have you given us all the</p> <p>18 information that you currently have on behalf</p> <p>19 of the county about the harm that has been</p> <p>20 incurred?</p> <p>21 A. I would say that we have gone into</p> <p>22 discussions with the various hospitals and the</p> <p>23 medical schools about trying to put together</p> <p>24 new training programs, new education standards</p> <p>25 for existing physicians, as well as medical</p>

<p style="text-align: right;">Page 46</p> <p>1 students.</p> <p>2 We see a lot of medical students</p> <p>3 come through our office, we try to do some of</p> <p>4 that, but to coordinate with those teaching</p> <p>5 hospitals, with those medical schools, it takes</p> <p>6 resources to be able to come up with those new</p> <p>7 standards, how to prescribe appropriately and</p> <p>8 responsively. We have had, you know, many</p> <p>9 discussions, the medical examiner's office</p> <p>10 specifically.</p> <p>11 Q. Anything else, Mr. Shannon, or can</p> <p>12 we move on?</p> <p>13 A. I'm sure there are more.</p> <p>14 Q. Well, now is your chance. Let me</p> <p>15 ask you this: When did the county first</p> <p>16 experience harm resulting from the promotion,</p> <p>17 marketing, distribution, dispensing or</p> <p>18 diversion of prescription opioids?</p> <p>19 MR. CIACCIO: Objection to form.</p> <p>20 A. Well, that's complicated. When we</p> <p>21 had our first discussion about heroin, we</p> <p>22 didn't have all of the information, I think, we</p> <p>23 needed to be fully informed, like we are today.</p> <p>24 Seven years ago, when we saw</p> <p>25 heroin, we saw it spiking, that was a problem.</p>	<p style="text-align: right;">Page 48</p> <p>1 monitoring system, OARRS, and that took some</p> <p>2 time and personal lobbying to get, we were able</p> <p>3 to do -- start doing lookbacks on people we</p> <p>4 knew were dying from overdoses. We set up a</p> <p>5 poison death review committee.</p> <p>6 Q. Mr. Shannon, when did the county</p> <p>7 incur the harm? When did it first incur the</p> <p>8 harm?</p> <p>9 MR. CIACCIO: I think he is trying</p> <p>10 to explain that to you. He said it is a</p> <p>11 complicated answer.</p> <p>12 MR. BORANIAN: We have a time limit</p> <p>13 here.</p> <p>14 MR. CIACCIO: I understand that.</p> <p>15 MR. BORANIAN: You can't</p> <p>16 filibuster.</p> <p>17 Q. The question is, when did the</p> <p>18 county first experience the harm that you've</p> <p>19 just described here for the last 45 minutes?</p> <p>20 MR. CIACCIO: And I think you are</p> <p>21 using up time by making him restart his answer</p> <p>22 every time.</p> <p>23 Q. So when?</p> <p>24 A. As I said, it's a complicated</p> <p>25 issue.</p>
<p style="text-align: right;">Page 47</p> <p>1 What we didn't realize and what was kind of,</p> <p>2 you know, hidden from view was that, you know,</p> <p>3 most of these people started with a prescribed</p> <p>4 opiate.</p> <p>5 Q. The question, Mr. Shannon, is, when</p> <p>6 did you first incur the harm?</p> <p>7 MR. CIACCIO: I think he's</p> <p>8 answering that question.</p> <p>9 MR. BORANIAN: No, I don't think he</p> <p>10 is. He is answering -- he's talking about what</p> <p>11 he understood and what he is learning.</p> <p>12 Q. The question is: When did you</p> <p>13 first experience the harm?</p> <p>14 MR. CIACCIO: If he finishes the</p> <p>15 question, then you will know whether or not he</p> <p>16 answered it and you can follow back up. But,</p> <p>17 again, I'm going to ask you not to cut him off</p> <p>18 just because you don't like the answer.</p> <p>19 A. So we didn't fully understand, kind</p> <p>20 of, these underlying issues. Part of it was</p> <p>21 that we required more information than we were</p> <p>22 entitled to at that time legally.</p> <p>23 Once the medical examiner himself</p> <p>24 started having conversations with the board of</p> <p>25 pharmacy to get access to the drug prescription</p>	<p style="text-align: right;">Page 49</p> <p>1 Q. I don't think it is. You listed in</p> <p>2 your discovery response as early as 2006. So</p> <p>3 you're testifying for the county here, not as</p> <p>4 the medical examiner's administrator.</p> <p>5 MR. CIACCIO: Outside.</p> <p>6 Q. The response starts in 2006. The</p> <p>7 question is, when did you first incur the harm</p> <p>8 for which you are claiming damages in this</p> <p>9 lawsuit?</p> <p>10 MR. CIACCIO: Outside the scope,</p> <p>11 obviously.</p> <p>12 MR. BORANIAN: It is completely</p> <p>13 within the scope.</p> <p>14 MR. CIACCIO: No. You are using</p> <p>15 the date the damages started as a date. You</p> <p>16 are confusing the two topics, and we didn't</p> <p>17 write them but their -- but I can understand</p> <p>18 why you are, but again, and I would ask, if you</p> <p>19 just let him get the answer out, we probably</p> <p>20 would have been moved on by now.</p> <p>21 A. So when we were able to get this</p> <p>22 information and be able to look at the people</p> <p>23 who were dying, look at their histories of</p> <p>24 prescriptions, we started to find that about 75</p> <p>25 percent of them had had prescribed opioids</p>

<p style="text-align: right;">Page 50</p> <p>1 prior to their death.</p> <p>2 There were discussions about this</p> <p>3 in medical literature as well starting to come</p> <p>4 out. The work that the medical examiner's</p> <p>5 office did was one of the first concrete</p> <p>6 studies of linking heroin deaths to previous</p> <p>7 prescribed opioids. That helped inform the</p> <p>8 work that we were doing in Cuyahoga County.</p> <p>9 So while we knew that there were</p> <p>10 issues, we knew that there were concerns that</p> <p>11 we had about people dying from heroin</p> <p>12 overdoses, now we were starting to see, kind</p> <p>13 of, the genesis of the evolution of the crisis</p> <p>14 that we were facing. If you don't know all of</p> <p>15 the factors, you may be trying to, you know,</p> <p>16 stop one avenue and leave another one wide</p> <p>17 open.</p> <p>18 So then, I would say, 2016 is when</p> <p>19 it became acute. It was then obvious to us,</p> <p>20 with all the other data we had, there was a</p> <p>21 starting point to this that -- and the numbers</p> <p>22 continued to hold up year after year.</p> <p>23 Three-quarters of the people, roughly, give or</p> <p>24 take percentage there, had prescription opiates</p> <p>25 in their OARRS histories.</p>	<p style="text-align: right;">Page 52</p> <p>1 county's -- I'm sorry. I thought you were</p> <p>2 finished.</p> <p>3 A. That's all right. I would just</p> <p>4 say, my best guess is by 2016, we had had an</p> <p>5 analysis of data that we had not previously had</p> <p>6 to be able to make those links back to</p> <p>7 prescription opioids and heroin use, and heroin</p> <p>8 use became fentanyl use, and fentanyl use</p> <p>9 became carfentanil use.</p> <p>10 Q. Is the county willing to stipulate</p> <p>11 that it's not claiming damages for any harm</p> <p>12 incurred before 2016?</p> <p>13 MR. CIACCIO: Objection. Outside</p> <p>14 the scope. He's not going to answer that.</p> <p>15 That's clearly topic 11. Plus topic 10 is when</p> <p>16 plaintiff became aware it was incurring the</p> <p>17 harm. So you are outside of the scope in</p> <p>18 reframing topic 10, so he has been answering</p> <p>19 the question.</p> <p>20 The topic, I didn't write it, it</p> <p>21 says, "Became aware it was incurring that</p> <p>22 harm." So you saying when did it suffer the</p> <p>23 harm is a question that's not being asked in</p> <p>24 10.</p> <p>25 MR. BORANIAN: Topic 10 is the harm</p>
<p style="text-align: right;">Page 51</p> <p>1 So that is a big step in helping us</p> <p>2 to try to design interventions. When we met in</p> <p>3 2013, we didn't have that information. So the</p> <p>4 things that we were designing didn't fully</p> <p>5 address the full scope of the crisis.</p> <p>6 Q. Mr. Shannon, I didn't ask you when</p> <p>7 you understood something, I didn't ask you</p> <p>8 about your review of OARRS data. If you don't</p> <p>9 answer the question, we can ask for more time,</p> <p>10 we can come back and do this again. I would</p> <p>11 rather not do that.</p> <p>12 The question is, regardless of what</p> <p>13 the county understood at the time, when did it</p> <p>14 first incur harm resulting from the promotion,</p> <p>15 marketing, distribution, dispensing, or</p> <p>16 diversion of prescription opioids; when did the</p> <p>17 harm first occur, based on what you know today,</p> <p>18 as a representative of the county?</p> <p>19 A. Like I said, it's difficult to say</p> <p>20 with any specificity. I can only tell you when</p> <p>21 we had access to information, that we were able</p> <p>22 to connect those dots, that's when, you know,</p> <p>23 we put things into motion to act, based on that</p> <p>24 information. I would say --</p> <p>25 Q. So would the county's -- the</p>	<p style="text-align: right;">Page 53</p> <p>1 that plaintiff has incurred.</p> <p>2 MR. CIACCIO: Sure.</p> <p>3 MR. BORANIAN: That's what I'm</p> <p>4 asking about, including when it started.</p> <p>5 MR. CIACCIO: Then you say when</p> <p>6 plaintiff became aware it was incurring that</p> <p>7 harm.</p> <p>8 MR. BORANIAN: That's one thing</p> <p>9 that we are asking about. I want to know when</p> <p>10 the harm started.</p> <p>11 MR. CIACCIO: That's not in the --</p> <p>12 MR. BORANIAN: We may have to come</p> <p>13 back and ask him again.</p> <p>14 MR. CIACCIO: That's not part of</p> <p>15 topic 10. It doesn't say the harm incurred and</p> <p>16 when that harm took place. It just says the</p> <p>17 harm, and then you specify when plaintiff</p> <p>18 became aware it was incurring that harm. He</p> <p>19 still answered the question. Either way, he's</p> <p>20 answered his answer. I'm just putting that on</p> <p>21 the record that he is answering the question.</p> <p>22 MR. BORANIAN: The description is</p> <p>23 illustrative. It doesn't mean that I can't ask</p> <p>24 him when the harm occurred, in addition to what</p> <p>25 the harm is.</p>

<p style="text-align: right;">Page 54</p> <p>1 MR. CIACCIO: Okay.</p> <p>2 Q. Mr. Shannon, is it the county's</p> <p>3 position that the harm you described has been</p> <p>4 incurred exclusively because of the marketing,</p> <p>5 promotion, distribution, dispensing or</p> <p>6 diversion of prescription opioids?</p> <p>7 A. That is the position of the county.</p> <p>8 Q. So it is your position</p> <p>9 that -- well, the county had a sheriff's</p> <p>10 department before there was a problem with</p> <p>11 prescription opioids, right?</p> <p>12 A. Yes.</p> <p>13 Q. And the county had jails, right?</p> <p>14 A. Yes.</p> <p>15 Q. And the county had drug treatment</p> <p>16 programs, right?</p> <p>17 A. Yes, they did.</p> <p>18 Q. And there were placements into</p> <p>19 foster care and adoption before the current</p> <p>20 problem, true?</p> <p>21 A. That's true.</p> <p>22 Q. Are you willing to say, is it your</p> <p>23 position that none, zero percent of the</p> <p>24 increased caseloads that you have described are</p> <p>25 attributable to factors other than prescription</p>	<p style="text-align: right;">Page 56</p> <p>1 the harm that you have just described, and you</p> <p>2 don't need to repeat, it is not so rigid, you</p> <p>3 don't need to repeat what we have already</p> <p>4 covered.</p> <p>5 For example the DAWN Program, the</p> <p>6 messaging campaign you described, the</p> <p>7 integrated data system, all the stuff that you</p> <p>8 have already described, you don't need to go</p> <p>9 over it again, but what else has the county</p> <p>10 done to address the harm that you have just</p> <p>11 described?</p> <p>12 A. So there are several task forces</p> <p>13 that have been set up, the Opiate Task Force</p> <p>14 and the board of health. There are programs</p> <p>15 run out of the ADAMHS Board. We talked about</p> <p>16 the treatment.</p> <p>17 There are also housing issues.</p> <p>18 ADAMHS Board works with people who are in</p> <p>19 treatment to get them stable housing. That is</p> <p>20 important in the recovery process, to stabilize</p> <p>21 that person's life. Having, you know, housing</p> <p>22 is an important piece of that. We talked</p> <p>23 about, I think, DAWN and all of the ancillaries</p> <p>24 that have been added to it.</p> <p>25 One of the other things that we do</p>
<p style="text-align: right;">Page 55</p> <p>1 opioids?</p> <p>2 MR. CIACCIO: Objection to the</p> <p>3 form.</p> <p>4 A. The harms that we have seen and the</p> <p>5 actions that have needed to be taken are a</p> <p>6 direct result from the overprescribing, the</p> <p>7 overmanufacturing, the overmarketing, the</p> <p>8 aggressive marketing tactics used that are</p> <p>9 outlined of prescription opioids. It created</p> <p>10 the market that we now see that is now being</p> <p>11 filled with illicit drugs as well.</p> <p>12 Q. The increase in caseloads that you</p> <p>13 have described as the harm incurred by the</p> <p>14 county, is 100 percent of that increase</p> <p>15 attributable exclusively to prescription</p> <p>16 opioids, the distribution, manufacturing,</p> <p>17 dispensing, promotion, diversion, whatever the</p> <p>18 topic says, of opioids, 100 percent?</p> <p>19 MR. CIACCIO: Object to the form.</p> <p>20 Q. Is that your position?</p> <p>21 A. That is the contention of the</p> <p>22 county.</p> <p>23 Q. We have already bled over into</p> <p>24 topic 12 a little bit, but let me ask you, Mr.</p> <p>25 Shannon, what has the county done to address</p>	<p style="text-align: right;">Page 57</p> <p>1 with Metro's opioid safety office though is do</p> <p>2 reviews of the fatalities, because they use</p> <p>3 that to inform their medical staff about</p> <p>4 prescriptions they may have been writing to</p> <p>5 people who then subsequently have passed away</p> <p>6 due to a drug overdose.</p> <p>7 Again, the data is something that</p> <p>8 we are -- that we think is very important.</p> <p>9 It's why our website is filled with reports and</p> <p>10 research. Providing the community with a solid</p> <p>11 foundation of information is important, all the</p> <p>12 way down to the family level, to be able to</p> <p>13 have them take more control, empower those</p> <p>14 families to help those whose loved ones they</p> <p>15 may have that are addicted.</p> <p>16 The prevention messaging outside of</p> <p>17 the media campaigns, I think we have had, like</p> <p>18 I said, hundreds of volunteers go out and do</p> <p>19 community forums, talks in schools. We also</p> <p>20 attend conferences, conferences both here in</p> <p>21 the state, law enforcement, attorney general's</p> <p>22 office, medical groups, but also we have been</p> <p>23 invited outside of the state. I believe that</p> <p>24 the medical examiner was invited to El Paso to</p> <p>25 talk at a training of their -- all their DEA</p>

<p style="text-align: right;">Page 58</p> <p>1 agents.</p> <p>2 People will think that they have an</p> <p>3 understanding of what is going on. They have</p> <p>4 an understanding of what their piece is, but</p> <p>5 how that piece fits into the larger picture is</p> <p>6 something that we stress from the beginning,</p> <p>7 the creation of the task force, that we were</p> <p>8 not going to be able to do this as individuals,</p> <p>9 that it was going to require a community</p> <p>10 effort.</p> <p>11 And being able to sit next to a</p> <p>12 doctor and an officer and have a discussion and</p> <p>13 hear the same information and have that</p> <p>14 discussion take place better informs law</p> <p>15 enforcement about the needs of the medical</p> <p>16 community and vice versa.</p> <p>17 So any opportunity to address in</p> <p>18 public and inform is something that they have</p> <p>19 done, I think, rather well and rather</p> <p>20 aggressively. We talked about the jail --</p> <p>21 Q. I'm sorry. You paused. I thought</p> <p>22 you were finished.</p> <p>23 But the question was going to be:</p> <p>24 Is there anything else that the county has done</p> <p>25 to address or reduce the harm that you have</p>	<p style="text-align: right;">Page 60</p> <p>1 Often times they are able to place</p> <p>2 them directly into an inpatient facility close</p> <p>3 by. We are now, kind of, trying to partition</p> <p>4 off beds specifically for this program, so that</p> <p>5 you don't have to wait.</p> <p>6 A lot of times if you give somebody</p> <p>7 a pamphlet and say, you know, call us if you</p> <p>8 need help or, you know, it's Friday night, they</p> <p>9 are open on Monday morning, this person could</p> <p>10 be using again the next morning and be dead by</p> <p>11 Monday morning.</p> <p>12 So having access to treatment beds</p> <p>13 is critically important for a program like</p> <p>14 this. They are able to get them off the</p> <p>15 street, out of that environmental, that using</p> <p>16 environment, and put them right into treatment.</p> <p>17 That is still at its, kind of,</p> <p>18 nascent stages, but it has been fairly popular</p> <p>19 and successful to this point, and we are hoping</p> <p>20 to be able to expand it.</p> <p>21 Q. What's the name of that program?</p> <p>22 A. There are a number of them.</p> <p>23 Basically the quick response teams is what the</p> <p>24 county specifically funded with the ADAMHS</p> <p>25 Board, working with the Cleveland Police</p>
<p style="text-align: right;">Page 59</p> <p>1 described?</p> <p>2 A. So we developed special protocols</p> <p>3 for investigations. That was done mainly with</p> <p>4 law enforcement in mind, but as we went further</p> <p>5 into it, it also helped inform us about how to</p> <p>6 deal on the scenes with families.</p> <p>7 A lot of times when families find a</p> <p>8 loved one who has passed away, you know, their</p> <p>9 first instincts aren't always the best, and</p> <p>10 being able to get in there and talk to them</p> <p>11 while it is still relatively, you know, at the</p> <p>12 forefront of their minds about warning signs,</p> <p>13 getting other people who in the family may be</p> <p>14 in trouble, getting them into treatment, that's</p> <p>15 important.</p> <p>16 So a lot of the departments has now</p> <p>17 also instituted programs like PAARI or quick</p> <p>18 response teams where, when police are</p> <p>19 responding to a scene of an overdose, either</p> <p>20 fatal or nonfatal, especially if it is a</p> <p>21 nonfatal, they are able to call and they will</p> <p>22 get, you know, a specialist to come out with</p> <p>23 EMS and talk to people about maybe the problems</p> <p>24 that they are having with their addiction, do</p> <p>25 they want treatment, do they need help.</p>	<p style="text-align: right;">Page 61</p> <p>1 Department, to be able to put together those</p> <p>2 teams of people who would respond and try to</p> <p>3 get people into treatment.</p> <p>4 Q. So would people from the ADAMHS</p> <p>5 Board and from the Cleveland Police Department</p> <p>6 know more about those programs?</p> <p>7 A. They'll know specifics and details</p> <p>8 of it, yes.</p> <p>9 Q. You mentioned a few minutes ago</p> <p>10 ADAMHS programs, but you weren't specific. You</p> <p>11 mentioned maybe a housing program, but let's go</p> <p>12 back to that.</p> <p>13 Which ADAMHS programs were you</p> <p>14 referring to when you said that ADAMHS programs</p> <p>15 have been implemented to address or reduce the</p> <p>16 harm?</p> <p>17 A. So the ADAMHS Board gets county</p> <p>18 funding. They also get funding through grants</p> <p>19 and the federal government. They will -- they</p> <p>20 have a variety of treatment options for people,</p> <p>21 medical-assisted treatments, inpatient and</p> <p>22 outpatient, getting people placed in sober</p> <p>23 housing for full detox.</p> <p>24 It's case dependent, and I'm not a</p> <p>25 specialist, so I couldn't give you what those</p>

<p style="text-align: right;">Page 62</p> <p>1 criteria are. They deal with that, but there 2 are a variety of treatment options that ADAMHS 3 provides. 4 MR. CIACCIO: If you're done, we 5 are a little bit over an hour, so if we could 6 just take a couple minutes. 7 MR. BORANIAN: Yeah. Let me just 8 ask him another. I'm going to wrap up in a 9 couple minutes, so... 10 Q. What else has the county done, if 11 anything, to address or reduce the harm that 12 you have described, Mr. Shannon? 13 A. As I said, there is a lot of people 14 doing a lot of work and... 15 Q. You've described quite a lot, so I 16 just want to know if there is anything else? 17 A. It is certainly not an exclusive 18 list at this point. 19 Q. Well, you are here to testify on 20 this topic -- 21 A. I understand. 22 Q. -- so I kind of need to know, out 23 of fairness, what we're dealing with. 24 So what other measures has the 25 county taken, if anything, to address or reduce</p>	<p style="text-align: right;">Page 64</p> <p>1 MR. BORANIAN: No. I want to 2 finish the question I'm in the middle of 3 asking. 4 MR. CIACCIO: I gave you a chance 5 to finish the question. We are going to take a 6 break. I don't really know what else to tell 7 you. We're going to take a break. 8 MR. BORANIAN: That's how you want 9 to play this, really, Joe? 10 MR. CIACCIO: I'm just -- I'm just 11 asking for a break. I don't usually ever tell 12 people no when they say -- especially over an 13 hour. 14 You don't have a question pending, 15 I allowed you to forbid the break a few 16 questions ago, now I want to take a break. 17 MR. BORANIAN: Go ahead. Take a 18 break. 19 MR. CIACCIO: Thank you. 20 THE VIDEOGRAPHER: Off the record, 21 10:13. 22 (Recess taken.) 23 THE VIDEOGRAPHER: On the record, 24 10:25. 25 Q. Mr. Shannon, has the county done</p>
<p style="text-align: right;">Page 63</p> <p>1 the harm that you have described? 2 A. There were extensive lobbying 3 efforts, both at state and federal levels, to 4 help craft legislation that would help address 5 the opioid crisis, to provide additional 6 dollars for treatment, to make the availability 7 of naloxone more widespread. 8 That required a lot of travel, a 9 lot of testimony, to be able to get proper 10 prescribing limits -- or guidelines. There 11 were discussions with, again, CDC at the 12 federal level, as well as at the state level, 13 the department of health. Those are ongoing 14 efforts. 15 Q. I think we discussed the 16 prescription guidelines. 17 MR. CIACCIO: We're going -- I'm 18 going to go take a break. I gave you a couple 19 more, but we are well over an hour now, so we 20 are going to take a break. 21 MR. BORANIAN: No, I'm taking the 22 deposition. We'll take a break in about a 23 minute, okay? 24 MR. CIACCIO: Are you forbidding a 25 break?</p>	<p style="text-align: right;">Page 65</p> <p>1 anything else to address or reduce the harm we 2 have discussed, other than what we have already 3 talked about? 4 A. So for several years, I believe 5 that the county has participated in Operation 6 Medicine Cabinet. That's in conjunction with 7 the DEA. 8 They set up collection centers in 9 the county twice a year generally, to have 10 people go through their medicine cabinets, find 11 any of the unused prescriptions that they may 12 have and properly dispose them. 13 That kind of led to another program 14 that the sheriff's office and Judge Matia at 15 drug court instituted of drug drop boxes. 16 Basically, it looks like a big mailbox, but it 17 is for collecting drugs, and they have started 18 to place those in nearly all of the police 19 stations throughout Cuyahoga County and all the 20 communities, so you don't have to wait for a 21 drop-off day. Any time that you have got them, 22 you can go to a safe place, a police station, 23 drop off your unused, unwanted drugs. 24 Q. Anything else? 25 A. It's so woven into the fabric of</p>

<p style="text-align: right;">Page 66</p> <p>1 everyday life now, that almost everything that 2 we do, every time we get a case in. You know, 3 we started alerts, so when somebody dies in 4 Cuyahoga County, the death management system 5 that Cuyahoga County Medical Examiner's Office 6 runs will create alerts, so the medical 7 examiner, myself, the investigators will know 8 that there is a fatality. 9 We are able now to specify those, 10 when there is evidence of opioid abuse, drug 11 abuse. We have opened those alerts up to law 12 enforcement, prosecutor's office, other 13 investigators. So now in realtime, they are 14 able to respond to drug scenes and start their 15 investigations earlier. 16 That was important, because they 17 would -- normally they would have to wait. We 18 would get a body, we would do the toxicology. 19 Three, five weeks later, oh, it came back 20 positive for opiates. Oh, well, we better do 21 an investigation. Now, they are on the scene 22 when we know, starting their investigation. 23 Time is everything in the 24 investigation of these cases. So it was a 25 great timesaver for their investigations.</p>	<p style="text-align: right;">Page 68</p> <p>1 Q. That was a slip of the tongue. 2 Mr. Shannon, is there anything 3 else? 4 A. Like I said, it's pretty much 5 normal, day-to-day, everything we do now is in 6 some way some kind of a response. 7 Q. And we have covered all of that, 8 right? 9 A. A lot of it, yes. 10 MR. BORANIAN: Thank you for your 11 time. We are going to switch seats. I think 12 we will stay on the record and just switch 13 seats, if that's okay with you? 14 MR. CIACCIO: Yeah, sure. 15 EXAMINATION OF HUGH SHANNON 16 BY MR. CARTER: 17 Q. Good morning, Mr. Shannon. 18 My name is Ed Carter. I have some 19 questions for you. 20 A. Sure. 21 Q. You are the county's designee to 22 testify on topics 23, 24 and 25, correct? 23 A. That is correct. 24 Q. Other than what you already 25 identified this morning, did you do anything</p>
<p style="text-align: right;">Page 67</p> <p>1 Q. Are those alerts available online? 2 A. No. Those are, you know, part of 3 the confidential law enforcement investigatory 4 records. 5 Q. Is there a log of those alerts 6 anywhere? 7 A. There is. 8 Q. And when did those alerts start? 9 A. I believe we started in 2013. I'm 10 not sure exactly what month. I think it was 11 later in the year. 12 Q. Okay. Have we covered everything, 13 Mr. Shannon? 14 A. Probably not. I'm struggling to 15 try to find other things to tell you. I want 16 to be thorough. I know you are looking for as 17 much as I can remember, so... 18 Q. Well, like I have said a few times, 19 you are designated on this topic, so this is 20 our chance to learn what it is that is at 21 stake. If there is nothing else, doctor, I 22 will pass the microphone to a colleague of 23 mine. 24 A. I'm not a doctor. I don't even 25 play one on TV.</p>	<p style="text-align: right;">Page 69</p> <p>1 specifically to prepare for those three topics? 2 A. Not other than what I previously 3 talked about. 4 Q. I want to talk about topic 24 5 first. When did the county first warn the 6 public about the dangers of prescription opioid 7 abuse? 8 MR. CIACCIO: Objection to form. 9 A. So our communications, the county, 10 with members of the community about opioid 11 abuse. 12 Like I said, we had a summit in 13 2013, where we started to discuss, kind of, the 14 tactics and responses that we needed to make as 15 a community. There had been some individual 16 agencies who had been working, you know, for 17 years talking about drug addiction and things 18 like that, but as it became more acute, the 19 problem became more acute, and especially when 20 we got access to OARRS and we were able to, 21 kind of, trace it all the way back about what 22 maybe the foundational issues were, we started 23 scheduling people to go out into the community 24 to talk to schools, to talk to community 25 groups.</p>

<p style="text-align: right;">Page 70</p> <p>1 I would say that that, after the</p> <p>2 summit in late 2013, that effort began in</p> <p>3 earnest the next year, but it's been an ongoing</p> <p>4 process, an ongoing discussion with the</p> <p>5 community. We often got asked by council</p> <p>6 members in municipalities or the mayor or</p> <p>7 police chief, any number of sources will</p> <p>8 request somebody to come out and talk to them</p> <p>9 about the dangers of prescription opioid use</p> <p>10 and how it leads to other problems, like heroin</p> <p>11 and fentanyl.</p> <p>12 Q. I appreciate that, and hopefully</p> <p>13 that will streamline some of my other</p> <p>14 questions, but if you can do your best to</p> <p>15 concentrate on my question, which the first one</p> <p>16 was simply when, and I think you told me 2013,</p> <p>17 your best estimate of when the county first</p> <p>18 warned the public about the first dangers of</p> <p>19 opioid abuse?</p> <p>20 MR. CIACCIO: Objection to form.</p> <p>21 A. The opioid task force and the board</p> <p>22 of health had met previous to that.</p> <p>23 Q. When?</p> <p>24 A. I think they had been in existence</p> <p>25 since 2010, but that was mainly people who were</p>	<p style="text-align: right;">Page 72</p> <p>1 A. Correct.</p> <p>2 Q. Okay.</p> <p>3 A. And to be clear -- I'm sorry.</p> <p>4 So again, that summit was focused</p> <p>5 on heroin abuse, which is an opiate. We didn't</p> <p>6 make the connection about prescription opioids</p> <p>7 until we had access to OARRS a few years later.</p> <p>8 Q. And that's a good point. Opioid is</p> <p>9 a broad term that includes illegal substances</p> <p>10 and prescription substances, correct?</p> <p>11 A. It can be used that way, yes.</p> <p>12 Q. So your answer to the broad</p> <p>13 category of opioids generally is what you</p> <p>14 previously stated, and that first summit you</p> <p>15 just clarified, 2013, was focused on illicit</p> <p>16 heroin, correct?</p> <p>17 A. Correct.</p> <p>18 Q. So if we focus on the subset,</p> <p>19 prescription opioids, legal prescription</p> <p>20 opioids, when was the first time the county</p> <p>21 communicated with the public about the risks of</p> <p>22 prescription opioid abuse?</p> <p>23 A. As I said, I believe that the</p> <p>24 county board of health's Opiate Task Force had</p> <p>25 a summit the year previous. I'm not sure of</p>
<p style="text-align: right;">Page 71</p> <p>1 working within, kind of, the treatment</p> <p>2 communities, talking directly with each other.</p> <p>3 I believe they did have a summit similar in</p> <p>4 2012 that preceded the one that I was talking</p> <p>5 about.</p> <p>6 So there is a difference. The</p> <p>7 Opiate Task Force is run out of the county</p> <p>8 board of health. The U.S. Attorney's Office</p> <p>9 task force was created, like, the next year,</p> <p>10 but I would say 2014 is a good starting point,</p> <p>11 as far as, kind of, that regular community</p> <p>12 dialogue.</p> <p>13 Q. So regular community dialogue,</p> <p>14 2014, is your best estimate.</p> <p>15 Is 2010 the first year that any</p> <p>16 county official or county organization alarmed</p> <p>17 the public about the risks of opioid abuse?</p> <p>18 A. I'm not aware that there was a</p> <p>19 specific warning given to the community before</p> <p>20 that.</p> <p>21 Q. Before 2010?</p> <p>22 A. Before the summit in 2013.</p> <p>23 Q. Okay. So in terms of actually</p> <p>24 communicating with the public, the first time</p> <p>25 you are aware of that is the summit in 2013?</p>	<p style="text-align: right;">Page 73</p> <p>1 the exact date, but it was sometime in 2012.</p> <p>2 Q. And anything prior to that focused</p> <p>3 on prescription opioids, in terms of the county</p> <p>4 communicating those dangers to the public?</p> <p>5 A. Not that I'm aware of.</p> <p>6 MR. CIACCIO: Objection to the</p> <p>7 form.</p> <p>8 Q. In 2006, did the county have</p> <p>9 overdose death data that indicated the causes</p> <p>10 of deaths?</p> <p>11 A. The medical examiner's office and</p> <p>12 the coroner's office at the time had causes of</p> <p>13 death, yes.</p> <p>14 Q. And they shared that, as a county</p> <p>15 organization, they shared that with the county,</p> <p>16 that wasn't segregated or limited to the</p> <p>17 medical examiner, right, they shared that with</p> <p>18 the county?</p> <p>19 MR. CIACCIO: Objection to form.</p> <p>20 A. So the coroner's office produces a</p> <p>21 statistical report every year, and that data is</p> <p>22 contained within that report.</p> <p>23 Q. So in 2006, the county knew the</p> <p>24 number of deaths that had been certified by the</p> <p>25 coroner as caused by prescription opioids,</p>

<p style="text-align: right;">Page 74</p> <p>1 correct?</p> <p>2 A. I believe so, yes.</p> <p>3 Q. And did the county sound the alarm</p> <p>4 regarding those prescription opioid deaths that</p> <p>5 the medical examiner had certified in 2006?</p> <p>6 MR. CIACCIO: Objection to form.</p> <p>7 A. I'm not sure I understand what you</p> <p>8 are looking for. Would you repeat the</p> <p>9 question.</p> <p>10 Q. Sure. At the end of 2006, when the</p> <p>11 coroner had processed all the overdose death</p> <p>12 cases for that year and they saw whatever the</p> <p>13 number was for the category of prescription</p> <p>14 opioids --</p> <p>15 A. Sure.</p> <p>16 Q. -- did anyone at the coroner's</p> <p>17 office or the county sound the alarm, based on</p> <p>18 those number of deaths that they had identified</p> <p>19 for 2006?</p> <p>20 MR. CIACCIO: Objection to form.</p> <p>21 A. I guess my question is, you know,</p> <p>22 "Sound the alarm."</p> <p>23 Q. Okay. Did they notify the public,</p> <p>24 did they warn the public, did they identify a</p> <p>25 problem that needed corrective action?</p>	<p style="text-align: right;">Page 76</p> <p>1 unfortunate, but I don't think anything stood</p> <p>2 out about that particular number, that</p> <p>3 particular year.</p> <p>4 Q. So there was nothing about that</p> <p>5 particular number in 2006 that stood out as</p> <p>6 outside the norm or that was putting a</p> <p>7 particular stress on the medical examiner's</p> <p>8 office or the county; is that fair?</p> <p>9 MR. CIACCIO: Objection to form.</p> <p>10 Outside the scope. You are saying this is</p> <p>11 under topic 24, communications between</p> <p>12 plaintiff?</p> <p>13 MR. CARTER: Yes.</p> <p>14 MR. CIACCIO: Whether data in 2006</p> <p>15 stood out to the medical examiner's office --</p> <p>16 MR. CARTER: Absolutely.</p> <p>17 MR. CIACCIO: -- is under</p> <p>18 communications between the plaintiff?</p> <p>19 MR. CARTER: Absolutely.</p> <p>20 MR. CIACCIO: Okay. Objection,</p> <p>21 outside of the scope. Objection to form.</p> <p>22 A. I'm not aware that any additional</p> <p>23 action was taken, therefore, I can only assume</p> <p>24 that they didn't see a need at that time.</p> <p>25 Q. Now, the county, if the county had</p>
<p style="text-align: right;">Page 75</p> <p>1 MR. CIACCIO: Objection to form.</p> <p>2 Compound.</p> <p>3 A. At that time, I don't believe that</p> <p>4 there was any action taken outside of the</p> <p>5 reporting that we have done throughout the</p> <p>6 years in our statistical reports.</p> <p>7 Q. Did the coroner's office and the</p> <p>8 county treat the number of overdose deaths that</p> <p>9 they certified in 2006 attributable to</p> <p>10 prescription opioids as a number that was</p> <p>11 not -- that did not justify a community</p> <p>12 notification?</p> <p>13 MR. CIACCIO: Objection to form.</p> <p>14 A. I would have to go back and look at</p> <p>15 previous years' data to see if it had made any,</p> <p>16 you know, statistical jumps. It had been</p> <p>17 pretty steady, if I'm -- at least for the data</p> <p>18 that I'm familiar with, it had been a steady</p> <p>19 number for many years. So I don't think</p> <p>20 anything from a statistical standpoint stood</p> <p>21 out.</p> <p>22 Obviously the work that the</p> <p>23 coroner's office, now the medical examiner's</p> <p>24 office does, in any of these cases, these kind</p> <p>25 of deaths that we know are avoidable, it is</p>	<p style="text-align: right;">Page 77</p> <p>1 noticed a stress on the systems or an increase</p> <p>2 in burden or some kind of statistical outlier</p> <p>3 in those number of deaths, would the county</p> <p>4 have sounded the alarm and notified the public?</p> <p>5 MR. CIACCIO: Objection to form.</p> <p>6 Objection, Compound. Objection, outside the</p> <p>7 scope.</p> <p>8 A. I'm not sure I can answer that. I</p> <p>9 know I'm supposed to be talking about this</p> <p>10 topic, but in 2006, I wasn't there. It was a</p> <p>11 different time. They didn't do it.</p> <p>12 I can't speculate as to what they</p> <p>13 may or may not have done with other</p> <p>14 information, other data.</p> <p>15 Q. So the bottom line is, in 2006, as</p> <p>16 a representative of the county, no</p> <p>17 communication identifying a specific issue with</p> <p>18 respect to prescription opioids, true?</p> <p>19 MR. CIACCIO: Objection to the</p> <p>20 form.</p> <p>21 A. So now that's changed. Any issue?</p> <p>22 Q. I don't intend to change it, so let</p> <p>23 me reask it a different way.</p> <p>24 2006, no communications sent to the</p> <p>25 public by the county, based on the number of</p>

<p style="text-align: right;">Page 78</p> <p>1 prescription opioid deaths that they had 2 identified in that year?</p> <p>3 A. Not that I'm aware of, no.</p> <p>4 Q. And same answer for 2007?</p> <p>5 A. Again, not that I'm aware of, no.</p> <p>6 Q. Same for 2008?</p> <p>7 A. I don't have any record of specific 8 special communications that were done at the 9 office of the coroner at that time.</p> <p>10 Q. And just to be clear, my question 11 is the county as a whole.</p> <p>12 A. Right.</p> <p>13 Q. So is your answer different, did 14 the county have any communications, specific to 15 prescription opioid deaths, in 2006, 2007, 16 2008?</p> <p>17 A. Not that I'm aware of, no.</p> <p>18 Q. Did they have any of those 19 communications prior to the time period you 20 estimated for me earlier, in terms of that 21 first task force that was focussed on 22 prescription opioids in 2012?</p> <p>23 A. Any communications?</p> <p>24 Q. Yes. Identifying for the public --</p> <p>25 A. Or communications for the public,</p>	<p style="text-align: right;">Page 80</p> <p>1 why I keep going back to that --</p> <p>2 Q. Let me ask --</p> <p>3 A. -- to make sure I'm answering your 4 question properly.</p> <p>5 Q. Let me ask it this way: The county 6 had the data available to it that it did, and 7 the county leadership, in analyzing the data 8 that was available in 2006, 2007, 2008, 2009 9 and 2010 and 2011, in looking at what they saw 10 in the community and in their data, did the 11 county leadership make the policy decisions at 12 any point that they needed to communicate with 13 the public regarding the specific harms of 14 prescription opioids?</p> <p>15 MR. CIACCIO: Objection to form.</p> <p>16 A. So at the outset of your datasets, 17 2006 to 2010, I'm not aware of any. I know 18 that by 2010, the state had started to take 19 action, had issued reports, which is the 20 foundation for the creation of the county board 21 of health's Opiate Task Force.</p> <p>22 So as I said, the difference 23 between the awareness of a problem and it 24 reaching the point where they had to raise the 25 alarm are different, but they hadn't done it, I</p>
<p style="text-align: right;">Page 79</p> <p>1 okay.</p> <p>2 Q. Communications for the public.</p> <p>3 A. I have not been made aware of any, 4 no.</p> <p>5 Q. Now, as a responsible county, if 6 the county was aware of a problem, is that 7 something they would have shared with its 8 citizens?</p> <p>9 MR. CIACCIO: Objection to form.</p> <p>10 A. So I'm sorry. It's confusing me a 11 little bit. So you keep jumping back between 12 awareness and alert and alarm.</p> <p>13 Q. Right.</p> <p>14 A. So certainly the forensic 15 scientists and the forensic pathologists within 16 that office, at that time, were certainly aware 17 that there were issues with prescription 18 opiates and opioids, and that they were 19 contributing to fatalities that were coming to 20 that office.</p> <p>21 Whether that awareness had reached 22 critical mass that it was necessary or deemed 23 necessary to alert or alarm, raise the alarm, 24 as you were saying before, raise the alarm with 25 the public, is a different question. So that's</p>	<p style="text-align: right;">Page 81</p> <p>1 don't believe, at that point. I don't have any 2 information that says that they did.</p> <p>3 Q. Okay. Now, I want to focus back to 4 the other aspect of the opioid category that we 5 described earlier. I want to talk about 6 illicit opioids now, and I want to start with 7 heroin.</p> <p>8 Over the last seven years, going 9 back to 2011, is it true there have been more 10 cases where heroin was listed as the official 11 cause of death than any prescription opioid?</p> <p>12 MR. CIACCIO: Objection. Outside 13 the scope. Again, you are saying this falls 14 under topic 24?</p> <p>15 MR. CARTER: It does, and if you 16 would keep your objections to within the 17 deposition protocol. Scope is not a form 18 objection, so don't make it.</p> <p>19 MR. CIACCIO: In a 30(b)(6) 20 deposition you can object to outside the scope. 21 I don't care --</p> <p>22 MR. CARTER: It doesn't mean 23 anything because it's a deposition designation 24 argument.</p> <p>25 MR. CIACCIO: Okay.</p>

<p style="text-align: right;">Page 82</p> <p>1 MR. CARTER: Let me ask my 2 question, or we're going to ask for more time, 3 I'm asking -- 4 MR. CIACCIO: I can ask you what 5 topic you are asking about. 6 MR. CARTER: And I'm asking in 24, 7 and if you let me go, you will see I'm asking a 8 factual predicate for my next question. 9 MR. CIACCIO: Okay. 10 Q. Over the last seven years, has the 11 county had more deaths certified for heroin 12 than prescription opioids? 13 MR. CIACCIO: Objection to form. 14 A. Are you asking over that entire 15 span? 16 Q. Yes. 17 A. Because there are individual years 18 where it wasn't, but I would say yes, that is 19 right, if you are taking it in aggregate. 20 Q. And based on those seven years, has 21 the county communicated with the public that 22 they are facing a heroin crisis? 23 MR. CIACCIO: Objection to form. 24 A. Yes, we have. 25 Q. And when was the first time that</p>	<p style="text-align: right;">Page 84</p> <p>1 Q. You mentioned earlier today, and I 2 wrote it down, correct me if I've missed any, 3 you said that the county and the ADAMHS Board 4 embarked on a number of media campaigns, you 5 also identified billboards, videos, things like 6 that, school-based prevention and messaging, 7 right? 8 A. Yes. 9 Q. So with that large bucket, then I 10 will follow up on individuals, when was the 11 first time that one of those media campaigns, a 12 billboard, a video or a school-based prevention 13 messaging, was rolled out with respect to 14 heroin? 15 A. I think it was right after the 16 summit, maybe early 2014. 17 Q. What topics related to opioid abuse 18 has the county taken out a billboard for? 19 A. I'm not sure that that got that 20 specific. There were, you know, general 21 messaging about the dangers of prescription 22 opioids, the dangers of using drugs. 23 Q. Do you recall any specific 24 billboard messages on the topic of opioid 25 abuse?</p>
<p style="text-align: right;">Page 83</p> <p>1 you communicated to the public that there was a 2 heroin crisis; was that that 2013 task force? 3 A. No. 4 Q. When was it? 5 A. The medical examiner talked to the 6 county executive over the summer of 2012, late 7 summer, as we were starting to assemble data, 8 and I believe they had a press conference in 9 September of 2012. 10 Q. Okay. And what was the response 11 from the community to the county leadership? 12 A. The response? 13 Q. Yes. How did they respond to the 14 county's announcement? 15 MR. CIACCIO: Objection to form, 16 and objection, outside the scope. 17 A. I'm not sure I was in a position to 18 assess the response. I'm sure there were 19 responses. Obviously, at that time, the county 20 ADAMHS Board was seeing more cases, board of 21 health was, you know, referring people to 22 treatment. Obviously, you know, crime was 23 increasing, jails were getting full. So there 24 were touches, but I wouldn't say that there 25 was, like, a formal community response.</p>	<p style="text-align: right;">Page 85</p> <p>1 A. Well, the Know Your Rx campaign 2 that the county did, I think, in 2016, there 3 was -- it was more visual. Somebody inside a 4 large prescription pill bottle, and that 5 campaign was designed, Know Your Rx, know what 6 your doctor is prescribing you, know, you know, 7 that you can say no, what are patients' rights, 8 those kind of things, were the general themes. 9 I don't know if I could point to any specific 10 billboard. The visual, for sure, stands out. 11 Q. How many different ad executions in 12 the billboard format did the county take out 13 regarding opioid abuse? 14 A. That information, I don't have 15 specific numbers for you. 16 Q. Do you know the locations of any 17 billboard that the county put out regarding 18 opioid abuse? 19 A. The specific locations, I'm sure we 20 can track that down. I do not have those for 21 you at the moment. 22 Q. Do you know who designed or came up 23 with the idea for the billboard communications? 24 A. The Know Your Rx campaign was, kind 25 of, a joint effort, and then I believe they got</p>

<p style="text-align: right;">Page 86</p> <p>1 some pro bono work from ad agencies. I know 2 some other efforts, we had asked, you know, the 3 local media stations, sometimes they, kind of, 4 put their own together. They do a PSA on their 5 own. 6 The billboard campaign for ADAMHS 7 Board that was done last year, I don't know the 8 name of the ad agency that they used. 9 Q. With respect to other forms of 10 media, let's stick with print, so in 11 newspapers, magazines, fliers, any kind of 12 print media, what was the first time when there 13 was a media, a print media campaign related to 14 opioid abuse? 15 A. So again, I think when we reached 16 out to local media, like Cleveland.com would 17 tell us what they were willing to be able to 18 put in. I don't know that we were spending a 19 whole lot of money to purchase ad space. So I 20 believe some of that was done in 2014, the Know 21 Your Rx they were participating in. That was, 22 I believe, in 2016. 23 The ADAMHS Board has done it over 24 the years, again, general messaging about their 25 programs for getting people into addiction</p>	<p style="text-align: right;">Page 88</p> <p>1 When we reached out to local media, 2 again, a lot of them did their own PSAs. The 3 one that sticks out in my mind is WKYC, Monica 4 Robbins, their health reporter did a piece. 5 She was very involved. So they did a special, 6 you know, and I believe they actually edited it 7 and cut it down to be able to distribute to 8 schools. 9 Q. So the only one that you are aware 10 of that the county is responsible for was that 11 Know Your Rx campaign? 12 A. I believe so. 13 MR. CIACCIO: Objection to form. 14 Q. And that's on the TV? 15 A. Correct. I believe so, yes. 16 Q. It was also on billboards, as you 17 indicated. 18 With respect to the ADAMHS Board, 19 they also had radio spots? Is that a yes? 20 A. Yes. 21 Q. Was that related to Know Your Rx, 22 or were there additional radio campaigns? 23 A. No. That was previous. 24 Q. When did the radio spots from 25 ADAMHS Board start?</p>
<p style="text-align: right;">Page 87</p> <p>1 treatment. 2 Q. Let me ask a broad question to see 3 if it will streamline. With respect to all of 4 these types, we have been talking about 5 billboards, printed media, you mentioned 6 online. I want to incorporate school-based 7 prevention and any TV ads, which we haven't 8 talked about. Did any of those media efforts 9 go into effect prior to approximately 2014? 10 A. I don't believe so. ADAMHS Board, 11 like I said, they have always advertised, in 12 some form or fashion, access to treatment. I 13 think it just intensified after that time 14 period. 15 Q. All right. I want to talk about 16 TV. Has the county run TV spots, communicating 17 regarding opioid abuse? 18 A. I believe that was part of the Know 19 Your Rx campaign. 20 Q. Any other TV campaigns that you can 21 identify? 22 A. Not that the county initiated. I 23 believe, you know, ADAMHS had done radio in the 24 past, and they also did bus signs, but nothing, 25 I don't believe, on TV.</p>	<p style="text-align: right;">Page 89</p> <p>1 A. I believe they have been using 2 those for several years. I'm pretty sure that 3 it predated that 2014 date we were talking 4 about. 5 Q. Sitting here, as the representative 6 of the county, can you be any more specific 7 with your estimate, or is that the best you can 8 do? 9 A. At this point, I think that's the 10 best I can do. 11 MR. CIACCIO: Object to the form. 12 Q. In terms of the county's media 13 efforts, put them all together, radio, TV, 14 internet, billboard, all of the things you have 15 discussed, as well as the school intervention 16 program, have those media efforts been 17 effective? 18 MR. CIACCIO: Objection to form. 19 A. I guess I would need to know more 20 about what we consider to be effective. 21 Q. And that's what I'm trying to 22 figure out. So does the county do anything to 23 audit or evaluate the efficacy of its 24 communications to the public regarding opioid 25 abuse?</p>

<p style="text-align: right;">Page 90</p> <p>1 MR. CIACCIO: Objection to form.</p> <p>2 A. I don't believe so, no.</p> <p>3 Q. So you're not aware of any county</p> <p>4 communication where there has been data or any</p> <p>5 kind of metric to evaluate quantitatively</p> <p>6 whether it has been effective?</p> <p>7 A. I know that they do track social</p> <p>8 media, so when there is an event, a public</p> <p>9 event, they will try to track that, and they're</p> <p>10 pretty good about keeping stats on social</p> <p>11 media.</p> <p>12 As far as, you know, radio, TV,</p> <p>13 billboards, not that I'm aware of, that we do</p> <p>14 anything like that.</p> <p>15 Q. So social media, similar to any</p> <p>16 other advertising, you know, a TV station can</p> <p>17 provide viewership estimates, a radio broadcast</p> <p>18 can say this is how many listeners we have and,</p> <p>19 I guess, on social media you can see page views</p> <p>20 or likes or people that, you know, forward</p> <p>21 something.</p> <p>22 Other than just tracking eyes or</p> <p>23 ears on a particular media message, anything to</p> <p>24 actually measure whether it's resulting in a</p> <p>25 positive impact?</p>	<p style="text-align: right;">Page 92</p> <p>1 MR. CIACCIO: Objection to form.</p> <p>2 A. I would have to have further</p> <p>3 discussion with the communications director</p> <p>4 about that.</p> <p>5 Q. Did you have communications with</p> <p>6 the communications director in preparation for</p> <p>7 the deposition?</p> <p>8 A. I did not.</p> <p>9 Q. All right.</p> <p>10 MR. CIACCIO: Sorry. I had a</p> <p>11 objection that didn't show up. I don't know if</p> <p>12 it matters.</p> <p>13 MR. BORANIAN: You can have a late</p> <p>14 one. That's fine.</p> <p>15 Q. From 2011 to 2018, has the county</p> <p>16 had more deaths attributed to illicit fentanyl</p> <p>17 than prescription opioids?</p> <p>18 A. Undoubtedly.</p> <p>19 Q. And has the county had</p> <p>20 communications to the public regarding the</p> <p>21 abuse of illicit fentanyl?</p> <p>22 A. Yes.</p> <p>23 Q. Do those start in the same general</p> <p>24 timeframe that we talked about with respect to</p> <p>25 heroin, that after the summit --</p>
<p style="text-align: right;">Page 91</p> <p>1 A. Is that a question?</p> <p>2 Q. Is there anything the county does</p> <p>3 to figure out not just viewership or exposure,</p> <p>4 but whether it's actually having an impact in</p> <p>5 its messaging?</p> <p>6 A. I'm not aware of, no.</p> <p>7 Q. Do you think that that would be a</p> <p>8 good thing that the county should do, is</p> <p>9 measure the efficacy of its communications so</p> <p>10 that it can be as effective as possible with</p> <p>11 its communications regarding opioid abuse?</p> <p>12 MR. CIACCIO: Objection. This is a</p> <p>13 30(b)(6) deposition. You're asking him his</p> <p>14 personal opinion about what the county should</p> <p>15 be doing.</p> <p>16 Q. Okay. I want to be clear on this.</p> <p>17 I don't want your personal opinion. I want --</p> <p>18 MR. CIACCIO: So you're asking does</p> <p>19 the county think it's a good idea to do</p> <p>20 something?</p> <p>21 Q. Yeah. I want the county's policy.</p> <p>22 Does the county have a policy, is the</p> <p>23 county -- how does the county intend to ensure</p> <p>24 that it uses its opportunities to communicate</p> <p>25 as effectively and as impactfully as possible?</p>	<p style="text-align: right;">Page 93</p> <p>1 A. No, it doesn't. The fentanyl</p> <p>2 supply in the local drug supply didn't show up</p> <p>3 until a few years later.</p> <p>4 The evolution of the crisis, we saw</p> <p>5 at the end of 2014, it became a little more</p> <p>6 regular in 2015. 2016 it basically flooded the</p> <p>7 market. That's when overall drug deaths</p> <p>8 doubled countywide, and that's when, really,</p> <p>9 almost every single outlet at any agency that</p> <p>10 was addressing this got overwhelmed.</p> <p>11 Q. So what media did the county use,</p> <p>12 billboards, radio, TV, school interventions,</p> <p>13 the internet, what did the county utilize to</p> <p>14 get out the message regarding fentanyl abuse?</p> <p>15 A. Well, there are a number of -- the</p> <p>16 Know Your Rx was obviously going on at the same</p> <p>17 time that this was happening. The medical</p> <p>18 examiner's office would often put out alerts</p> <p>19 when there were specific dangers known to the</p> <p>20 public.</p> <p>21 A number of times there were law</p> <p>22 enforcement interventions that interdicted</p> <p>23 pills that looked like prescription opiates</p> <p>24 that actually ended up being fentanyl. I felt</p> <p>25 that that was a clear and present danger to the</p>

<p style="text-align: right;">Page 94</p> <p>1 public health and safety, that we would do 2 alerts at that time, or press conferences, 3 something to make sure that the community was 4 aware. 5 We also embarked again, all ongoing 6 were these visits to schools, to community 7 groups. That never stopped, it intensified, 8 but that was an ongoing communication. 9 Q. What -- sorry? 10 A. Sorry. 11 Q. Go ahead. 12 A. We did reach out into schools and 13 ask them to identify student leadership. They 14 came, and we did intensive work with students 15 to go back to their schools, to take messaging 16 back to their peers to talk about the dangers 17 of opioids and illicit drugs. That was, I 18 believe, also in 2016. 19 Q. Does that complete your answer? 20 A. No, there's more. And we talked 21 about the ADAMHS Board. The billboard campaign 22 was last year. 23 Q. And that was the Know Your Rx? 24 A. No. That was separate from Know 25 Your Rx. They had their own billboard</p>	<p style="text-align: right;">Page 96</p> <p>1 programming to the schools focus on illicit 2 drugs, or did it describe prescription drugs? 3 A. They talked about -- both are 4 talked about, in conjunction. 5 Q. Are there pamphlets or, you know, 6 written literature or video presentations that 7 were utilized in those school interventions? 8 In other words, is there kind of like a 9 standard programming set of material that the 10 county uses? 11 A. I don't think there is a standard. 12 It depends on who the speaker is. I know, you 13 know, you will get one message from a judge, 14 you will get a different one from the medical 15 examiner. Like I said, we had hundreds of 16 volunteers literally going out dozens of times 17 a week to talk to thousands of people. 18 So the bottom line messages are 19 always, you know, don't start, if you have 20 started, do what you can to stop, we can help 21 you get into treatment, here are the signs. 22 If you are going to continue to 23 use, you know, you have to be safe, get 24 naloxone, get fentanyl test strips, don't use 25 by yourself. You know, there are general</p>
<p style="text-align: right;">Page 95</p> <p>1 campaign. 2 Q. And what was the messaging on that? 3 A. Again, more general treatment. It 4 was actually a little -- it grew as it went, 5 the general options for treatment, but it also 6 was trying to inject more positive messaging 7 about treatment works, recovery is possible. 8 You know, that was the general theme for last 9 year's. 10 Q. In its communications regarding 11 opioid abuse, has the county ever given the 12 community the message that addictions can't be 13 broken or that treatment will not be effective? 14 A. No, that I'm aware of. 15 Q. Did they send the opposite message? 16 A. I believe we always try to tell 17 people that treatment is your best option and 18 that it's possible. When we do speaking 19 engagements, we often employ people who have 20 recovered, especially young people, to show 21 them, you know, that it's possible, that there 22 is hope. 23 Q. With respect to the school 24 interventions that you described a moment ago, 25 in the context of illicit fentanyl, did that</p>	<p style="text-align: right;">Page 97</p> <p>1 messages. I don't know that there is a 2 standard package. 3 Q. You mentioned medical examiner's 4 office alerts. What's the audience of those? 5 A. Which alerts are you talking about? 6 Q. The ones that would have been sent 7 in the 2016 and forward timeframe related to 8 illicit fentanyl. 9 A. They go into the general media. 10 Q. Print media? 11 A. They are included, yes. 12 Q. Do they make it onto broadcast 13 media? 14 A. Often times, yes. 15 Q. With respect to all of these, the 16 county campaigns via broadcast, the billboards, 17 the school interventions, does the county incur 18 any costs in making those media messages? 19 A. I'm sure they do. I mean, the 20 staff time alone is a cost, but... 21 Q. Let me -- 22 A. I'm not sure there a is specific, 23 you know, charge for broadcast. There is some 24 of that. ADAMHS Board certainly pays for their 25 billboard placements.</p>

25 (Pages 94 - 97)

<p style="text-align: right;">Page 98</p> <p>1 Q. Do you know the costs of any media 2 space that the county has incurred in its 3 messaging regarding opioid abuse? 4 A. I don't have any specific numbers, 5 no. 6 Q. Over the last seven years, have 7 there been -- well, not seven years. 8 Since 2016, has there been the 9 arrival and a number of overdose deaths 10 attributable to carfentanil? 11 A. Yes. 12 Q. Has the county messaged to the 13 community regarding carfentanil? 14 A. Yes. 15 Q. Anything different about the 16 carfentanil messaging than what you just 17 described related to illicit fentanyl 18 generally? 19 A. They are both extremely dangerous, 20 but carfentanil is much more powerful. So our 21 sense of urgency, I think, at those times, when 22 we know that it's present in the supply, the 23 sense of urgency is greater, I think. 24 Q. Okay. 25 A. I don't think there is a specific</p>	<p style="text-align: right;">Page 100</p> <p>1 When the U.S. Attorney's Task Force 2 was created, leading up to that summit in 2013, 3 there were extensive discussions about opioid 4 prescribing guidelines, whether what had 5 currently existed in the OAC, the Ohio 6 Administrative Code, was sufficient. 7 Mainly the medical people in the 8 room were talking about whether or not -- how 9 to balance between putting more strict 10 guidelines on prescribing and whether it would 11 affect how they are treating their patients. 12 They talked about the complications with the 13 pain management guidelines that they were 14 working under, the H-CAP scores, because it had 15 been several years where, you know, identifying 16 pain as the fifth vital sign was, kind of, 17 common practice, and that was always part of 18 the discussion about the prescribing 19 guidelines. 20 Q. All right. Are there any other -- 21 I'm sorry. 22 A. I'm sorry. 23 Q. I was just focused on the names of 24 any groups or organizations, other than what 25 you just mentioned, any other task force</p>
<p style="text-align: right;">Page 99</p> <p>1 different message, other than to identify when 2 we know carfentanil is in play. 3 Q. All right. And just to be clear, 4 with respect to illicit fentanyl messaging, 5 carfentanil messaging, the school intervention, 6 the medical examiner alerts, for any of those, 7 does the county do anything to audit or 8 evaluate those communications, from a data 9 standpoint, to measure the efficacy of those 10 interventions and media campaigns? 11 A. I'm not sure. I did not prepare 12 for that particular question, no. 13 Q. All right. On topic 23, I want to 14 focus on a subportion of that, because you have 15 already discussed some of those other aspects. 16 I want to focus on task force, program, working 17 groups, committees or other organizations 18 dealing with opioid prescribing first. 19 So can you identify any such 20 organization that the county has been involved 21 in related to opioid prescribing? 22 A. Well, as I said, the Cuyahoga 23 County Board of Health's Opioid Task Force that 24 was created did talk extensively about opioid 25 prescribing issues.</p>	<p style="text-align: right;">Page 101</p> <p>1 committee program, working group, that was 2 organized to address opioid prescribing 3 specifically? 4 A. So the U.S. Attorney's Task Force, 5 as we were preparing for that summit, they 6 decided to break down into working groups. So 7 there was one for health policy and data, and 8 so health policy, kind of, encompassed, in more 9 detail, and a lot of the medical people who 10 were involved with the task force, kind of, 11 aggregated to that, that working group, to talk 12 it out in more detail. 13 Q. Other than that, is there any other 14 separate group, outside that group or the task 15 forces, any other separate entity focused on 16 opioid prescribing? 17 A. Well, there has always been, you 18 know, law enforcement task forces for various 19 issues that would pop up. 20 And so there were obviously 21 investigations for people who were prescribing 22 opioids, if they were not following guidelines, 23 if they were outside of the medical practice, 24 normal medical practice. 25 So I would probably include some of</p>

<p style="text-align: right;">Page 102</p> <p>1 those task forces, those law enforcement task 2 forces that were investigating prescribing. 3 Q. Anything else you can identify 4 focused on prescribing? 5 A. So often times, a lot of this, kind 6 of, runs together. We didn't really pull it 7 apart. When they were addressing the opioid 8 crisis, we talked about all of these things in 9 conjunction. 10 Q. All right. Any group in topic 13 11 that not -- you know, as part of general 12 discussions, but that was specifically charged 13 and focused on the promotion and marketing of 14 prescription opioids? 15 MR. CIACCIO: You said 13. You 16 mean 23, right? 17 Q. If I said 13, I meant 23. So I'll 18 reask the question. 19 Any group in topic 23 that's 20 focused on promotion or marketing of 21 prescription opioids? 22 A. At the county level? 23 Q. Yes. 24 A. I don't believe anybody at the 25 county level would be charged with that.</p>	<p style="text-align: right;">Page 104</p> <p>1 a few, I think is what you said, a few that 2 were reported to the board of medicine, but you 3 can't give me a more specific estimate or 4 identify any names, sitting here today; is that 5 fair? 6 MR. CIACCIO: Objection to form. 7 A. That's fair to say at this time, 8 yes. 9 Q. Board of pharmacy, did the county 10 ever report a physician to the board of 11 pharmacy? 12 A. No. 13 Q. Did the county ever report a 14 physician to local law enforcement related to 15 prescription writing for opioids? 16 A. Again, as the county is local law 17 enforcement, I'm not fully informed about what 18 investigations were or are taking place. 19 Q. Okay. So sitting here today as the 20 county's representative, in terms of the number 21 of physicians investigated, how they were 22 referred within the county system to the local 23 law enforcement, the identity of any of those 24 individuals who were investigated, that's not 25 something you are able to give me with</p>
<p style="text-align: right;">Page 103</p> <p>1 Q. Topic 25, can you provide me with 2 the names of all the doctors that the county 3 officials reported to board of medicine, board 4 of pharmacy, local law enforcement or the DEA? 5 MR. CIACCIO: Objection to form. 6 Objection, outside the scope. 7 A. I can't give you specific names, 8 no. 9 Q. Did the county report any 10 physicians to the board of medicine? 11 A. There were a few, at least, that I 12 can recall that that took place, yes. 13 Q. Can you give me the approximate 14 number? 15 A. Again, there are investigations 16 that the county does that I'm not involved in 17 personally, and in preparation, we had brief 18 discussions over general topics, not specifics. 19 So the ones that I'm personally 20 aware of in my role at the medical examiner's 21 office would not be a complete rendering of -- 22 Q. All right. 23 A. -- of that question. 24 Q. So your best testimony for the 25 county, sitting here today, is that there were</p>	<p style="text-align: right;">Page 105</p> <p>1 specificity? 2 MR. CIACCIO: Objection to form. 3 Outside the scope. 4 A. Yeah, not with any specificity, no. 5 Q. Can you identify -- well, strike 6 that. 7 Did the county refer any physicians 8 to the DEA related to their prescribing 9 practices for opioids? 10 MR. CIACCIO: Objection to form and 11 outside the scope. 12 A. Again, the answer is the same. 13 Q. Well, there have been a couple 14 different ones. 15 Were there any reported, or is it 16 something you aren't prepared to discuss today? 17 MR. CIACCIO: Objection to form and 18 outside the scope. 19 A. So you are asking me if the county 20 reported any physicians. We would often get 21 inquiries from local law enforcement about 22 physicians. We would respond as we could. 23 We have certain restrictions on us, 24 at the medical examiner's office, about what we 25 can and can't use OARRS for. OARRS has its own</p>

<p style="text-align: right;">Page 106</p> <p>1 set of guidelines. What we would tell law 2 enforcement, who was making inquiries about 3 specific physicians, is give us a list of 4 patients, and we can cross-reference them with 5 any of the people who have died, that we've 6 identified had died from an opioid or a heroin 7 or fentanyl overdose.</p> <p>8 That was the more common 9 communication. Otherwise, I would say I'm 10 not -- I'm not fully aware of all law 11 enforcement investigations that were taking 12 place.</p> <p>13 Q. Okay. And so without getting 14 further into the why, just on the simple 15 question of did the county report officials and 16 refer them to the DEA related to opioid 17 prescribing practices, what is your practice?</p> <p>18 MR. CIACCIO: Objection. Your 19 question says officials. That's not part of 20 the --</p> <p>21 Q. We will get rid of the word 22 officials. The county, however they want to 23 define it, did the county refer any physicians 24 to the DEA for their prescribing practices?</p> <p>25 A. I can't speak to that.</p>	<p style="text-align: right;">Page 108</p> <p>1 That has also doubled over the past 2 seven years, mainly due to the opioid crisis, 3 to the point where we actually had to tell 4 counties that we were unable to take more of 5 their cases.</p> <p>6 Q. And because there are follow-up 7 questions, if it helps focus your answer, I 8 just want you to identify the jurisdictions 9 where you have those agreements, and then we 10 can get into the why and what and when.</p> <p>11 A. So all of the surrounding counties, 12 Lake, Geauga, Medina, Ashtabula, we also do 13 work for Mahoning at times, Trumbull County, 14 Ashland County, Stark County at times.</p> <p>15 I believe we also do Erie, 16 Pennsylvania, because they contract with 17 Mahoning, and when Mahoning can't do their's, 18 they route them to us. Columbiana. I may be 19 missing one or two.</p> <p>20 There are agreements. They were in 21 the files that we produced, so they should be 22 there.</p> <p>23 Q. Other than medical examiner autopsy 24 formal agreements, are there any other formal 25 agreements in any other area of dealing with</p>
<p style="text-align: right;">Page 107</p> <p>1 Q. Okay. When you mentioned that 2 there were some referred to the board of 3 medicine, when was the first year that the 4 county reported any physician to the board of 5 medicine related to opioid prescribing?</p> <p>6 A. I couldn't say with any 7 specificity. It has been going on for years.</p> <p>8 Q. Okay. Does the county have any 9 coordination agreements, any formal 10 relationships with other jurisdictions, in 11 terms of addressing the opioid abuse issue?</p> <p>12 A. Other jurisdictions?</p> <p>13 Q. Other counties, other states, do 14 you have any partners outside of Cuyahoga 15 County, in terms of geographic jurisdictions 16 that you partner with on a regular basis?</p> <p>17 A. But informal agreements?</p> <p>18 Q. We will start with any agreements, 19 and then I will ask you whether they are formal 20 or informal.</p> <p>21 A. All right. Yes. So first off, the 22 medical examiner's office's does autopsies for 23 about a dozen of the surrounding counties. 24 That work is under contract. That's a formal 25 agreement.</p>	<p style="text-align: right;">Page 109</p> <p>1 the opioid issues that Cuyahoga County has with 2 its surrounding counties?</p> <p>3 A. So there are regional task forces 4 that law enforcement is part of that involves 5 law enforcement from other jurisdictions.</p> <p>6 Q. Can you just give me the names of 7 those task forces that you are aware of?</p> <p>8 A. I'm not going to get the names 9 right either. Northern border, the gang task 10 force mainly focused in Cuyahoga County, but I 11 know that they do work with Lorain and Lake at 12 times.</p> <p>13 I'm not sure if violent crime is 14 outside the county or not, but they certainly 15 work with all the jurisdictions within Cuyahoga 16 County, all of the different law enforcement 17 agencies within Cuyahoga County.</p> <p>18 Q. Other than what you mentioned, any 19 other formal cooperation agreements between 20 Cuyahoga County and another county addressing 21 opioid issues?</p> <p>22 A. No formal agreements that come to 23 mind, no.</p> <p>24 Q. Okay. My last question, then I'm 25 going to hand it off to another counsel, has</p>

<p style="text-align: right;">Page 110</p> <p>1 the county ever had communications with an 2 outside governmental entity regarding the 3 marketing of opioids? 4 A. I can't say that I know of any. 5 MR. CARTER: Thank you for your 6 time. We can go off the record briefly. 7 THE VIDEOGRAPHER: Off the record, 8 11:19. 9 (Recess taken.) 10 THE VIDEOGRAPHER: On the record, 11 11:36. 12 EXAMINATION OF HUGH SHANNON 13 BY MS. ROITMAN: 14 Q. Mr. Shannon, are you all set? 15 A. I am. 16 Q. My name is Sara Roitman. I 17 represent Purdue. We met earlier. 18 A. Yes. Good morning. 19 Q. I am going to do things a little 20 unusual, in the sense I am going to try to get 21 you out of here as quickly as possible, which I 22 know is what every witness, really the only 23 thing you want to hear. 24 In exchange for that, I would just 25 kindly ask that you really focus on listening</p>	<p style="text-align: right;">Page 112</p> <p>1 changes that might be needed. 2 Q. Okay. 3 A. I think that was really the extent 4 of our involvement, as far as discussion of 5 limiting prescribing. 6 Q. I want to make sure you are done. 7 So you said that the county doesn't 8 have authority to limit it, and so am I correct 9 that that has to happen at the state level or 10 at the federal level? 11 A. I believe at least at the state 12 level it would be a requirement. 13 Q. And but the county was involved in 14 some efforts concerning different opioid 15 prescribing guidelines; is that correct? 16 A. Yes. 17 Q. And were those communications with 18 the state? 19 A. So there was communication with the 20 state. There were, at the time, there was 21 quite a bit of opioid-related legislation that 22 was moving through both state and federal 23 government legislatures, and so there were 24 times where testimony was being requested, they 25 would participate, people from the county,</p>
<p style="text-align: right;">Page 111</p> <p>1 to my question and answering just my question, 2 and we should be able to kind of move things 3 along. I've tried to streamline things a 4 little bit. 5 To orient you, we are going to 6 start with topic 31, which is the consideration 7 by plaintiff of limiting the prescribing, 8 distribution or dispensing of prescription 9 opioids; are you familiar with that topic? 10 A. Okay. Yes. 11 Q. So generally speaking, did Cuyahoga 12 consider limiting the prescribing of opioids in 13 any way? 14 A. The county itself is not a -- you 15 know, it doesn't have authority over 16 prescribing, but, as I discussed earlier, there 17 were several task forces that were up and 18 running that did have specific discussions 19 about prescribing guidelines, and that the 20 current, at the time, current OAC guidelines 21 may not be sufficient, and that they may need 22 to be relooked at and altered in some way. 23 Part of that effort at the U.S. 24 Attorney's Task Force was a discussion about 25 lobbying state government for legislative</p>	<p style="text-align: right;">Page 113</p> <p>1 various parts of the county with various 2 agencies. 3 Again, the discussion that we had 4 internally at the U.S. Attorney's Task Force 5 was in preparation for that first summit in 6 2013, discussions about what the actual MED 7 limit should be, what exceptions might be 8 needed. That's all I can recall about those 9 specific discussions. 10 Q. And MED limit, what does that stand 11 for? 12 A. Morphine equivalent dose. 13 Q. So we sometimes referred to that 14 previously as MME use, the dosing, would that 15 be the same? 16 A. I have not heard that, but that 17 sounds about the same. 18 Q. So in any of the communications 19 that Cuyahoga was having with -- let's focus 20 first on the state regarding different 21 prescribing guidelines. Did the county ever 22 recommend that there be a complete ban on 23 opioid prescriptions? 24 A. No. I don't believe that was ever 25 an option that was brought up.</p>

<p style="text-align: right;">Page 114</p> <p>1 Q. Did the county ever discuss with</p> <p>2 the state limiting prescription opioids to</p> <p>3 certain medical conditions?</p> <p>4 A. I don't believe it said -- I don't</p> <p>5 believe the position was to limit it only for</p> <p>6 medical conditions, but that certain conditions</p> <p>7 would be excluded from any kind of guideline or</p> <p>8 limitation.</p> <p>9 Q. And so explain that to me. So it</p> <p>10 is something where you were saying that there</p> <p>11 were certain medical conditions that the</p> <p>12 guidelines did not touch upon?</p> <p>13 A. I believe that for pain associated</p> <p>14 with cancer, or cancer treatment, that I don't</p> <p>15 recall any of the medical people or anybody</p> <p>16 else involved in these discussions saying that</p> <p>17 they should have any kind of limitations placed</p> <p>18 on them, that the physician would be best</p> <p>19 suited to make that call.</p> <p>20 Q. And why, in your view, was the</p> <p>21 physician best suited to make that call?</p> <p>22 MR. CIACCIO: By "you," you mean</p> <p>23 the county?</p> <p>24 MS. ROITMAN: Yeah. I'm using Mr.</p> <p>25 Shannon's words.</p>	<p style="text-align: right;">Page 116</p> <p>1 A. It was certainly part of the</p> <p>2 discussion.</p> <p>3 Q. Is it fair to say that that was</p> <p>4 included in certain of the guidelines, that</p> <p>5 kind of overarching principle regarding</p> <p>6 physicians' independent medical judgment?</p> <p>7 MR. CIACCIO: Objection to form.</p> <p>8 A. I don't recall that that was what</p> <p>9 ended up coming out of it. I believe there was</p> <p>10 some general -- a general agreement, after all</p> <p>11 those discussions, that cancer patients should</p> <p>12 be left outside of any kind of restrictions.</p> <p>13 Q. And I think my question was a</p> <p>14 little bit more broad.</p> <p>15 If you are not familiar with those</p> <p>16 specific guidelines, then that's just the</p> <p>17 answer, and it could be. I'm trying to figure</p> <p>18 out if the county had a position, when they</p> <p>19 were trying to figure out all these different</p> <p>20 ways to potentially limit opioid prescribing,</p> <p>21 whether there was some consideration about the</p> <p>22 value of physicians' independent medical</p> <p>23 judgment?</p> <p>24 MR. CIACCIO: Objection to form.</p> <p>25 A. There was always consideration of</p>
<p style="text-align: right;">Page 115</p> <p>1 Q. On behalf of the county --</p> <p>2 A. Right. On behalf of the county, I</p> <p>3 don't recall that we had any position, one way</p> <p>4 or the other. It was just we were part of the</p> <p>5 discussion that was taking place.</p> <p>6 Q. Well, as part of -- I apologize.</p> <p>7 A. I'm sorry.</p> <p>8 So I couldn't say that we said,</p> <p>9 yeah, that's a good idea or that's a bad idea</p> <p>10 or maybe we should leave it up to the</p> <p>11 physicians. I think that was just the</p> <p>12 discussion that was taking place at the time.</p> <p>13 Q. And does the county have a position</p> <p>14 on that, with respect to limiting opioid</p> <p>15 prescriptions, about whether or not,</p> <p>16 ultimately, it should be left up to the</p> <p>17 physician?</p> <p>18 A. I don't believe we have a position,</p> <p>19 no.</p> <p>20 Q. That wasn't something that was</p> <p>21 considered in all these different opioid</p> <p>22 prescribing guidelines, about the significance</p> <p>23 and the importance of respecting physicians'</p> <p>24 clinical judgment?</p> <p>25 MR. CIACCIO: Objection to form.</p>	<p style="text-align: right;">Page 117</p> <p>1 it. I don't know if we, as the county, staked</p> <p>2 out a hard position, yes, leave it up to the</p> <p>3 physicians, or no, don't ever leave it up to</p> <p>4 the physicians.</p> <p>5 Q. So you don't know the county's</p> <p>6 position on that, one way or another?</p> <p>7 MR. CIACCIO: Objection to form.</p> <p>8 A. So I know that we were focused on</p> <p>9 MED limits and the lengths of times that</p> <p>10 prescriptions were provided, that the focus was</p> <p>11 on reducing the MED limit and reducing the</p> <p>12 number of -- the number of doses provided per</p> <p>13 patient.</p> <p>14 Again, consideration of medical</p> <p>15 judgment versus legislation was always</p> <p>16 discussed. I don't think anybody took up a</p> <p>17 hard position one way or the other.</p> <p>18 Q. If there are points about that in</p> <p>19 the prescribing guidelines issued by the state,</p> <p>20 is that something that we can take that the</p> <p>21 county generally agreed with?</p> <p>22 MR. CIACCIO: Objection to form.</p> <p>23 A. What ended up in any of the</p> <p>24 forwarded amended guidelines, I don't believe</p> <p>25 we took a position objecting to them.</p>

<p style="text-align: right;">Page 118</p> <p>1 Q. Thank you. Let's turn to focusing 2 on the MED limits, the term that you are using. 3 What efforts did the county take to 4 limit the dosage of opioids in any way, the 5 per-day dosage of opioids in any way? 6 A. So again, I don't believe the 7 county has jurisdiction. So the discussion, I 8 believe the OAC at the time had set guidelines 9 at 100 MEDs, and the discussion was there is 10 additional research, should we lower it to 90 11 or even 80. 12 That was handled more by medical 13 professionals, who were familiar with medical 14 journals and the research that may have been 15 coming out at the time. 16 The county certainly participated 17 in those conversations, but I think we had a 18 general understanding that there were too high 19 of doses and too many doses, and how do we best 20 reduce those without endangering patient care, 21 was the general tone of those conversations. 22 Q. When you say -- is it fair to say 23 that the county or the state, those involved in 24 these discussions, were trying to strike a 25 balance between the risk that they saw relating</p>	<p style="text-align: right;">Page 120</p> <p>1 MR. CIACCIO: Objection to the 2 form. 3 A. Yeah. It's a little difficult for 4 me, I'm not a physician, but I was present at 5 those discussions, and I've talked to people 6 who were in those discussions. That was a 7 running theme throughout, that we recognized 8 that there was too high a dose, too many doses, 9 but there wasn't a -- necessarily a blanket 10 that you could throw over everything and cover 11 everything appropriately, and that there had to 12 be exceptions made. Again, cancer patients, 13 the pain that is involved there. 14 So it wasn't a blanket, you know, 15 this is the line, don't cross it. There was 16 always trying to strike balance, yes. 17 Q. You also talked about limiting 18 doses. Is that -- am I fair to assume that 19 that relates to, kind of, limiting the amount 20 of pills that can be dispensed or -- 21 A. At a time, correct. At a time that 22 they were concerned that -- again, we had been 23 running Operation Medicine Cabinet and the drug 24 drop boxes for a few years at that -- well, the 25 drug drop boxes were just starting at that</p>
<p style="text-align: right;">Page 119</p> <p>1 to certain dosages of opioids with, in your 2 words, how best not to reduce and endanger 3 patient care? 4 MR. CIACCIO: Objection to form, 5 and objection, outside of the scope, asking him 6 to testify about the state. He is not here as 7 a witness on behalf of the state. 8 A. I'm sorry. Can you ask the 9 question again. 10 Q. I'm just really following up on 11 something you said. 12 A. Sure. 13 Q. I'm trying to understand. You said 14 that in the county's discussions with the state 15 about different prescribing limits, that there 16 was some -- sounds like there was some 17 discussion about setting guidelines regarding 18 maximum daily dosage of opioids and what in the 19 county's view they felt were appropriate dosing 20 ranges, but at the same time, you said that you 21 were trying to balance this with not, I think 22 you said, endangering patient care. 23 I'm trying to understand what you 24 mean by the patient care aspect of your 25 response?</p>	<p style="text-align: right;">Page 121</p> <p>1 time, but we had done Operation Medicine 2 Cabinet. So we knew that that was one of the 3 avenues that people could use, perhaps, to 4 start down that path of opioid abuse. 5 And so the discussion was then, how 6 do we -- we can always get rid of them after 7 the fact, but how do we prevent them from 8 getting into the medicine cabinet to start, how 9 do we reduce the dosage, and that was really 10 later on in the conversation. 11 Once we had done the first summit 12 and then got access to OARRS and was able to 13 start connecting these dots, you know, the next 14 time the next Operation Medicine Cabinet came 15 around, what are we doing, well, you know, 16 maybe we should address this in another way, or 17 maybe we should attack it from both ends, 18 supply and, you know, demand. 19 Q. In any of the discussions that the 20 county was having with the state about 21 different prescribing guidelines, did the 22 county ever recommend that there be a 23 prohibition on using opioids for chronic pain 24 treatment? 25 A. I don't believe they asked for a</p>

<p style="text-align: right;">Page 122</p> <p>1 prohibition. I think there was discussion 2 about research or lack thereof, saying that 3 prescription opioids were effective for chronic 4 pain. 5 Q. And in all -- in those discussions, 6 however, they did not lead to the county 7 endorsing a position or recommending to the 8 state that opioids for chronic pain be 9 prohibited entirely? 10 A. No. 11 Q. So with the guidelines that -- the 12 different prescribing guidelines that the state 13 has been issuing, what efforts did Cuyahoga do 14 to disseminate those guidelines, if any, any 15 efforts to prescribers in Cuyahoga? 16 A. We would not have a lot of touches 17 on that. That would be individual physicians, 18 hospitals, things like that, that would have to 19 put those in place. 20 I can think that we certainly 21 promoted it, board of health, you know, 22 especially -- the CDC came out with their set 23 of guidelines, the state came out with theirs, 24 they matched up fairly closely, I believe. So 25 it was disseminated.</p>	<p style="text-align: right;">Page 124</p> <p>1 discussions. Certainly the county has the 2 ability to communicate with different area 3 hospitals in Cuyahoga, correct? 4 A. Yes. 5 Q. And did it, through those 6 communications, make sure that those hospitals 7 had the prescribing guidelines? 8 A. So there were representatives from 9 all the hospitals at the task force in the 10 room, usually leading the discussions about the 11 prescribing guidelines. It was pretty evident 12 that they were fully aware of what was 13 happening. 14 I believe the government affairs 15 officers for The Cleveland Clinic were the ones 16 that were actually driving a lot of the 17 lobbying that was taking place, so -- or at 18 least they were the ones providing us with a 19 lot of the legislative updates. 20 So I don't think that there was 21 anything that the county, on top of the efforts 22 of setting that discussion in motion and 23 participating, needed to do to make them any 24 more aware. 25 Q. So just to be clear. The county</p>
<p style="text-align: right;">Page 123</p> <p>1 It was, again, the task force would 2 discuss as each new piece of legislation came 3 through and how to implement it. A lot of 4 that -- again the discussion took place with 5 the county at the table, but most of the 6 implementation took place outside of, you know, 7 what the county actually controlled. 8 The county, you know, everybody 9 calls Metro the county hospital. We do give 10 them a large chunk of money. Metro had 11 implemented their own guidelines, I think, even 12 before that, outside out of the emergency room, 13 how to dispense prescription opioids out of the 14 emergency room and no more than, you know, 15 three days' worth, but I can't think of 16 anything that we proactively were able to do, 17 other than to continue that discussion and 18 distribute whatever information we had, 19 legislative updates and so forth. 20 Q. So to use your words, I'm trying to 21 figure out what proactive steps the county took 22 to make sure that prescribers in its community 23 were aware of these prescribing guidelines. 24 I realize that the county doesn't 25 set them, but they were involved in those</p>	<p style="text-align: right;">Page 125</p> <p>1 didn't take any additional steps to disseminate 2 or make sure the guidelines were disseminated 3 to the area Cuyahoga hospitals? 4 A. I don't recall that there was any 5 proactive effort, no. 6 Q. Did the county make any proactive 7 efforts to, kind of, follow up with those 8 hospitals to see how the guidelines were 9 working in realtime? 10 A. Over the course of time, through 11 the task force, which was our main 12 communication with everybody on this effort, 13 there were discussions. The healthcare policy 14 subcommittee, the head led a lot of those 15 efforts, we would give updates. 16 Metro, in particular, like I said, 17 they had already set guidelines for their 18 emergency room, they started doing training 19 modules for their medical staff, physicians and 20 nurse practitioners, things like that, and so 21 they would always bring, kind of, their updates 22 about what they were doing and share that with 23 the others in the room. 24 Other than that kind of constant 25 update and discussion through the task force, I</p>

<p style="text-align: right;">Page 126</p> <p>1 don't think that there was anything further 2 that the county itself did. 3 Q. Nothing further that the county 4 did, in terms of working to disseminate the 5 guidelines or making sure they were being 6 followed? 7 A. Again, to make sure that they were 8 followed sounds like an enforcement issue, 9 which is outside of the jurisdiction of the 10 county, but we did have those ongoing 11 discussions at the task force about how people 12 were implementing them, how hospitals were 13 implementing, and how they were generally 14 working out. I don't recall anything specific 15 about this worked, this didn't, but... 16 Q. Did the county ever conduct any 17 studies with its healthcare providers in 18 Cuyahoga to be able to have evidence-based data 19 to show that the prescribing guidelines were 20 having an effect? 21 A. I don't think, I'm not aware, and 22 have not been made aware of any studies that 23 the county sponsored, no. 24 Q. Did the county recommend that the 25 state conduct any studies?</p>	<p style="text-align: right;">Page 128</p> <p>1 homes and medicine cabinets, so that they 2 weren't diverted. 3 Again, there are a variety of local 4 law enforcement and law enforcement task forces 5 that are -- that investigate specific diversion 6 cases. Occasionally, they will, again, call 7 the medical examiner's office for follow-up on 8 specific patients or doctors, and we will work 9 with them on that. 10 I'm not thinking of a whole lot of 11 other activity that the county runs that would 12 fall under that. 13 Q. Are you familiar with what the 14 ARCOS data is? 15 A. I know of it now, yes. 16 Q. And what is your understanding of 17 what it is? 18 A. It is a federal database, you know, 19 drugs that are being dispensed or distributed. 20 Q. And is it your understanding that 21 it can potentially help identify incidence of 22 diversion? 23 A. I do now, yes. 24 Q. Do you know if the county has 25 access to OARRS -- excuse me -- access to the</p>
<p style="text-align: right;">Page 127</p> <p>1 A. I don't think we recommended a 2 study. What we did ask for, and what was 3 actually already in motion when they did -- 4 when we got access to OARRS, the county medical 5 examiner's office got access to OARRS, they 6 started making reports, and they were showing 7 that, you know, when things were -- these 8 guidelines were beginning to be implemented, 9 you know, year after year, how many doses were 10 being distributed statewide, how many -- you 11 know, the amount. There is a calculation, MED 12 times, you know, number of doses equals. 13 And that that had consistently gone 14 down year after year after year, when those 15 guidelines were put in place. So there was 16 something tracking of it. I don't think there 17 was a specific request for any study. 18 Q. I next want to turn to talking 19 about diversion, briefly. 20 What steps, if any, has the county 21 taken to reduce illegal diversion relating to 22 prescription opioids? 23 A. So again, it participated in 24 Operation Medicine Cabinet and the drug drop 25 box, to get any of those pills out of people's</p>	<p style="text-align: right;">Page 129</p> <p>1 ARCOS data? 2 A. We do not. 3 Q. Is that something that the county 4 would like to have access to? 5 A. I think that there are uses for it, 6 that a variety of county agencies would like to 7 see, yes. 8 Q. Can you talk to me about any steps, 9 if any, the county has taken to limit the 10 dispensing of opioids, kind of, at the pharmacy 11 level? 12 A. I can't think of anything that the 13 county has done to talk about the actual 14 dispensing of the drugs. I know that there 15 have been a variety of conversations with local 16 pharmacies, especially when we were trying to 17 distribute naloxone, but I don't have any 18 recollection of anything we talked specifically 19 in those meetings about how to somehow alter 20 the dispensing of drugs out of a local 21 pharmacy. 22 Q. And I think we probably all agree 23 that the issue regarding naloxone is obviously 24 important, but that is different from, kind of, 25 limiting the dispensing of prescription</p>

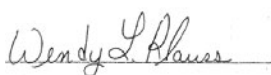
<p style="text-align: right;">Page 130</p> <p>1 opioids?</p> <p>2 A. The only thing I could think of is,</p> <p>3 again, getting into OARRS, one of the things</p> <p>4 that we started looking for were people who may</p> <p>5 have been doctor shopping. So anybody who was</p> <p>6 seeking prescriptions for more than five</p> <p>7 doctors within a calendar year, would, I guess,</p> <p>8 is kind of like the qualifying conditions for</p> <p>9 what they call doctor shopping.</p> <p>10 There is also a thing called</p> <p>11 pharmacy shopping, where they would, instead of</p> <p>12 taking the same, you know, prescriptions from</p> <p>13 different doctors to the same pharmacy, they</p> <p>14 would split it up. They would go to a pharmacy</p> <p>15 near their home, they would go to a pharmacy</p> <p>16 near their work, across the street from their</p> <p>17 favorite bar, whatever, so it was kind of</p> <p>18 splitting it up, and having access to OARRS,</p> <p>19 and making that mandatory, was another one of</p> <p>20 those lobbying pushes that we were making, and</p> <p>21 I think at some point, either, I think, 2015,</p> <p>22 it became mandatory for both doctors and</p> <p>23 pharmacists to check OARRS prior to prescribing</p> <p>24 or dispensing.</p> <p>25 Q. Thank you for that. We will unpack</p>	<p style="text-align: right;">Page 132</p> <p>1 mandatory for physicians in Cuyahoga?</p> <p>2 A. The county didn't have that</p> <p>3 authority. The state did.</p> <p>4 Q. But did Cuyahoga make any</p> <p>5 recommendations to physicians in its community,</p> <p>6 before 2015, that even though checking OARRS</p> <p>7 wasn't mandatory before writing a prescription,</p> <p>8 that it was a good idea and that they should be</p> <p>9 doing it?</p> <p>10 A. It was certainly a topic of</p> <p>11 discussion at the first summit at the end of</p> <p>12 2013, and we continued to push it in our</p> <p>13 efforts when we were discussing it with the</p> <p>14 state.</p> <p>15 Q. And when did you -- when did the</p> <p>16 county first start those discussions with</p> <p>17 prescribers in Cuyahoga that they really should</p> <p>18 be utilizing OARRS, even if it wasn't</p> <p>19 mandatory?</p> <p>20 A. Again, it would have been between</p> <p>21 the period of time when we first discussed it</p> <p>22 at the summit and when the legislation was</p> <p>23 actually passed.</p> <p>24 I believe -- I believe throughout</p> <p>25 2014, again, there were a number of legislative</p>
<p style="text-align: right;">Page 131</p> <p>1 a fair amount of that.</p> <p>2 But to closeout my question, so</p> <p>3 besides OARRS and, kind of, the policies that</p> <p>4 we talk about with OARRS, there is no other</p> <p>5 policies or steps that you can think of, as the</p> <p>6 county representative, that the county took to</p> <p>7 try to limit the dispensing of opioids at the</p> <p>8 pharmacy level?</p> <p>9 A. No, I don't believe so.</p> <p>10 Q. Let's turn to OARRS, since you</p> <p>11 brought it up.</p> <p>12 And you had mentioned that it</p> <p>13 currently is mandatory for physicians to review</p> <p>14 OARRS before prescribing an opioid</p> <p>15 prescription, but it wasn't always mandatory --</p> <p>16 A. Yes.</p> <p>17 Q. -- is that fair?</p> <p>18 A. Correct.</p> <p>19 Q. It became mandatory in 2015,</p> <p>20 correct?</p> <p>21 A. I believe so.</p> <p>22 Q. Before it became mandatory, I</p> <p>23 understand that the -- well, I should say this:</p> <p>24 Before it became mandatory in 2015, was it the</p> <p>25 county's position that they could have made it</p>	<p style="text-align: right;">Page 133</p> <p>1 initiatives that were going through the state</p> <p>2 legislature that we were, you know, trying to</p> <p>3 champion and trying to help the state with</p> <p>4 getting passed, access to naloxone, and the</p> <p>5 Good Samaritan bill, the OARRS expansion.</p> <p>6 I think a lot of it was predicated</p> <p>7 on the state's resources and being able to</p> <p>8 expand OARRS, and that took some, I think,</p> <p>9 technical changes as well.</p> <p>10 Q. Obviously, the county, as a local</p> <p>11 government, is still able to issue any type of</p> <p>12 recommendations that it wants to its citizens?</p> <p>13 A. It was in the recommendations in</p> <p>14 our report to the community.</p> <p>15 Q. And what was the date of that?</p> <p>16 A. Well, the task force summit was on</p> <p>17 November 21, 2013, and then there was a</p> <p>18 follow-up report a year later. So November of</p> <p>19 2014.</p> <p>20 Q. Thank you. So you have talked</p> <p>21 about monitoring OARRS a lot. Does the county</p> <p>22 have any policies or procedures for, kind of,</p> <p>23 proactively monitoring OARRS, to see if they</p> <p>24 can identify incidence of where someone is</p> <p>25 either doctor shopping or pharmacy shopping?</p>

<p style="text-align: right;">Page 134</p> <p>1 A. We do now, yes.</p> <p>2 Q. When did that start?</p> <p>3 A. So we started our poison death</p> <p>4 review in 2013, but we did not get immediate</p> <p>5 access to OARRS until 2014, and even then it</p> <p>6 was limited. I know that the medical examiner</p> <p>7 had to have more than one discussion about the</p> <p>8 access levels within OARRS and what was</p> <p>9 appropriate for a medical examiner to have.</p> <p>10 Technically, he's not a prescribing</p> <p>11 doctor, does he go there, he is not technically</p> <p>12 law enforcement, so there was a lot of back and</p> <p>13 forth.</p> <p>14 Once we had full access to OARRS,</p> <p>15 we were able, again, to go back two years. So</p> <p>16 we started with cases from 2012, but with a</p> <p>17 two-year lookback, we only got a small snippet.</p> <p>18 The 2013 cases became more clear, and then, as</p> <p>19 we went forward, we were asked to see more and</p> <p>20 more.</p> <p>21 So in 2013, cases that came from</p> <p>22 deaths that occurred in 2013, we were getting</p> <p>23 the data in 2014, and then we were able to</p> <p>24 start counting, you know, MEDs, we were able to</p> <p>25 start looking at prescribers, the pharmacies</p>	<p style="text-align: right;">Page 136</p> <p>1 standpoint?</p> <p>2 A. I believe so. But they have to</p> <p>3 have an active investigation before they can</p> <p>4 enter OARRS and start downloading that data.</p> <p>5 Q. Well, certainly there is some</p> <p>6 analysis that can be done of OARRS from a</p> <p>7 research or scientific perspective. Dr. Gilson</p> <p>8 testified the medical examiner's office did</p> <p>9 that --</p> <p>10 A. Correct.</p> <p>11 Q. -- yesterday.</p> <p>12 MR. CIACCIO: Objection to form.</p> <p>13 Just since you brought that up, we are, kind</p> <p>14 of, deep into another topic that he's not</p> <p>15 assigned to. So I will put a standing</p> <p>16 objection. I understand how you started on</p> <p>17 OARRS and how it is semi-related, but now we</p> <p>18 are getting into a deep dive into the policies</p> <p>19 and guidelines and how OARRS works and who has</p> <p>20 access, and I think you already got that</p> <p>21 testimony from Dr. Gilson yesterday.</p> <p>22 MS. ROITMAN: Joe, I have been</p> <p>23 incredibly patient with you about these</p> <p>24 speaking objections. We are under a very --</p> <p>25 MR. CIACCIO: Can you identify what</p>
<p style="text-align: right;">Page 135</p> <p>1 that were filling them. So I believe that the</p> <p>2 2013 deaths, we were able to report on doctor</p> <p>3 shopping in 2014, and then in 2015, we started</p> <p>4 reporting on pharmacy shoppers as well.</p> <p>5 Q. And is all of that analysis and</p> <p>6 review done within the medical examiner's</p> <p>7 office, or does law enforcement also run its</p> <p>8 own queries --</p> <p>9 A. Law enforcement -- sorry.</p> <p>10 Q. -- to potentially identify</p> <p>11 instances of doctor shopping or pharmacy</p> <p>12 shopping?</p> <p>13 A. Yes. Sorry. Yes. Law enforcement</p> <p>14 does have an access level within OARRS that</p> <p>15 they are able to utilize.</p> <p>16 Q. And do you know if they have an</p> <p>17 official policy of running those reports and</p> <p>18 conducting that analysis proactively, to try to</p> <p>19 identify instances of diversion of doctor</p> <p>20 shopping?</p> <p>21 MR. CIACCIO: Objection to form.</p> <p>22 A. It is my understanding that the</p> <p>23 guidelines that regulate OARRS use does not</p> <p>24 allow for that.</p> <p>25 Q. Even from a law enforcement</p>	<p style="text-align: right;">Page 137</p> <p>1 other speaking objections --</p> <p>2 MS. ROITMAN: -- tight timeframe.</p> <p>3 MR. CIACCIO: I don't think I've</p> <p>4 said to you objection to form -- anything but</p> <p>5 objection to form.</p> <p>6 MS. ROITMAN: I'm not going to</p> <p>7 quibble with you on the record. This relates</p> <p>8 to topic 17.</p> <p>9 Q. Mr. Shannon, regarding -- so let's</p> <p>10 talk about when someone -- when someone</p> <p>11 overdoses from an opioid.</p> <p>12 Part of -- my understanding is part</p> <p>13 of the medical examiner's process is to review</p> <p>14 OARRS to see if that person had had a history</p> <p>15 of receiving opioid prescription?</p> <p>16 A. If they died.</p> <p>17 Q. An overdose death, correct?</p> <p>18 A. Right.</p> <p>19 Q. Does the county have any policies</p> <p>20 or procedures about what they do if they</p> <p>21 identify a concern that someone was engaging in</p> <p>22 illegal either doctor shopping or pharmacy</p> <p>23 shopping, in terms of reporting that either</p> <p>24 doctor or that person to law enforcement?</p> <p>25 MR. CIACCIO: Objection to form.</p>

<p style="text-align: right;">Page 138</p> <p>1 A. When you say a concern, whose</p> <p>2 concern?</p> <p>3 Q. Well, you have testified a fair</p> <p>4 amount today that OARRS, one of the values and</p> <p>5 utilities of OARRS is being able to potentially</p> <p>6 identify instances of doctor shopping. It</p> <p>7 sounds like either the county or the medical</p> <p>8 examiner has a definition of what that means,</p> <p>9 and I'm trying to figure out, once you -- let's</p> <p>10 play it out.</p> <p>11 Someone overdoses on fentanyl, the</p> <p>12 medical examiner's office runs a report to see</p> <p>13 if they have an OARRS profile, they see that</p> <p>14 this person has visited six doctors in the last</p> <p>15 year. By your definition, that would qualify</p> <p>16 as someone who is potentially engaging in</p> <p>17 doctor shopping.</p> <p>18 Doctor shopping is illegal,</p> <p>19 correct?</p> <p>20 A. I believe so, yes.</p> <p>21 MR. CIACCIO: Objection to form.</p> <p>22 Q. So what I'm asking, is there any</p> <p>23 policies in place that what happens after there</p> <p>24 has been an identification that there had been</p> <p>25 suspected doctor shopping, whether that's</p>	<p style="text-align: right;">Page 140</p> <p>1 What the medical examiner's office</p> <p>2 did as a -- it's actually in state that we</p> <p>3 share overdose data with whatever agency at the</p> <p>4 state level we feel is appropriate, but we do,</p> <p>5 when we see specific cases where, especially</p> <p>6 the MED limits are not only above what the</p> <p>7 prescribing guidelines show, but in excessive</p> <p>8 amounts. And that's a discussion that we have</p> <p>9 directly with the medical examiner for</p> <p>10 his -- his review.</p> <p>11 So there were cases where you would</p> <p>12 get somebody who was getting progressively</p> <p>13 more, 120, then 240, then 360. So 360 MEDs per</p> <p>14 day, that was almost something that it was</p> <p>15 automatic, unless there was an underlying</p> <p>16 medical condition, and that's why it went to</p> <p>17 the medical examiner, so he could review the</p> <p>18 full case file to see what the patient history</p> <p>19 was there.</p> <p>20 Then and only then would that</p> <p>21 particular doctor's name be forwarded to the</p> <p>22 respective boards, medical board mostly.</p> <p>23 A lot of times we would get</p> <p>24 requests from law enforcement, DEA, the</p> <p>25 sheriff's office, a variety of other agencies,</p>
<p style="text-align: right;">Page 139</p> <p>1 reported to law enforcement, either the patient</p> <p>2 or, if there is some suspicion that there is a</p> <p>3 doctor who is engaging in improper opioid</p> <p>4 prescribing, if that's been reported?</p> <p>5 MR. CIACCIO: Objection to form.</p> <p>6 A. So just for the record, so you keep</p> <p>7 saying overdose, but it's overdose death. You</p> <p>8 can overdose and not die.</p> <p>9 Q. Fair enough. Thank you for that</p> <p>10 clarification.</p> <p>11 A. That's how I hear it in my head</p> <p>12 now. Sorry.</p> <p>13 But, so, yes, we will run, as part</p> <p>14 of the reviews, the OARRS report on any</p> <p>15 fatality. We do identify a number of people</p> <p>16 who have doctor shopping in their history, as</p> <p>17 well as pharmacy shopping. While it may be</p> <p>18 illegal to doctor shop, there is nobody left to</p> <p>19 prosecute for doctor shopping.</p> <p>20 Now, that may have changed somewhat</p> <p>21 once it became mandatory for doctors to check</p> <p>22 OARRS before prescribing, or pharmacists to</p> <p>23 check OARRS before they dispense to catch those</p> <p>24 things, and then self-report to, you know,</p> <p>25 their respective boards.</p>	<p style="text-align: right;">Page 141</p> <p>1 "Do you have this doctor on your list?"</p> <p>2 We don't keep a list of doctors.</p> <p>3 We have access to OARRS, but only through the</p> <p>4 patients, the case files that we are</p> <p>5 investigating their deaths, and I can work</p> <p>6 backwards from there.</p> <p>7 So I always tell law enforcement, I</p> <p>8 need a name of a patient that you are</p> <p>9 investigating, and I can see if we have that</p> <p>10 patient, but we don't -- generally aren't able</p> <p>11 to take a doctor's name and say, yeah, we've</p> <p>12 got X amount of patients.</p> <p>13 Q. Do you know, as the county</p> <p>14 representative, whether law enforcement does</p> <p>15 any checks about when they see drug overdose,</p> <p>16 whether it's fatal or nonfatal, whether they</p> <p>17 also look at OARRS from a law enforcement</p> <p>18 standpoint, to see if they can be detecting any</p> <p>19 instances -- or whether that overdose could</p> <p>20 potentially be attributable to a doctor who is,</p> <p>21 perhaps, improperly prescribing illegally?</p> <p>22 A. I believe that's how a lot of their</p> <p>23 investigations start, yes.</p> <p>24 Q. Do you know if the county has any</p> <p>25 policies and procedures, probably at the law</p>

<p style="text-align: right;">Page 142</p> <p>1 enforcement level, regarding prosecuting or</p> <p>2 investigating doctors relating to improper</p> <p>3 opioid prescribing, and if you could, I would</p> <p>4 just like, kind of, a direct answer to that</p> <p>5 question, if you know if there is any policies</p> <p>6 or procedures?</p> <p>7 MR. CIACCIO: Objection to form.</p> <p>8 A. There are procedures, but it's a</p> <p>9 legal matter. So I'm sure there is state law</p> <p>10 that they were following when they start</p> <p>11 investigating and prosecuting.</p> <p>12 Q. Part of your research that you were</p> <p>13 doing and education as a 30(b)(6) witness was,</p> <p>14 it sounded like, you went and talked to</p> <p>15 Commander Gingell?</p> <p>16 A. Gingell, right.</p> <p>17 Q. You know, did you find out from him</p> <p>18 whether the Cuyahoga sheriff or I guess the</p> <p>19 Cleveland has any policies and procedures</p> <p>20 relating to how they investigate and prosecute</p> <p>21 doctors who are suspected of opioid</p> <p>22 misprescribing, illegally prescribing opioids?</p> <p>23 MR. CIACCIO: Objection to form.</p> <p>24 A. I'm not sure that there are</p> <p>25 specific procedures outside of normal</p>	<p style="text-align: right;">Page 144</p> <p>1 efforts to address the opioid epidemic, did the</p> <p>2 county ever open a criminal investigation into</p> <p>3 any of the defendants named in the county's</p> <p>4 lawsuit?</p> <p>5 A. I'm not aware of any, no.</p> <p>6 Q. And you didn't ask Commander</p> <p>7 Gingell or any of the people -- no one told you</p> <p>8 about it through your investigation and</p> <p>9 education as a 30(b)(6) witness?</p> <p>10 A. No.</p> <p>11 Q. Other than this litigation, as part</p> <p>12 of the county's efforts to address the opioid</p> <p>13 epidemic, did the county ever open a civil</p> <p>14 investigation into any of the defendants named</p> <p>15 in the county's lawsuit?</p> <p>16 A. Not that I'm aware of, no.</p> <p>17 Q. Now, I don't want you to tell me</p> <p>18 anything about what was discussed with lawyers.</p> <p>19 I'm really just looking for a date, a fact</p> <p>20 date.</p> <p>21 When did the county begin the</p> <p>22 investigation that led to the filing of its</p> <p>23 current lawsuit against these defendants?</p> <p>24 MR. CIACCIO: Objection to form and</p> <p>25 outside the scope. Go ahead.</p>
<p style="text-align: right;">Page 143</p> <p>1 investigative procedures. Once we develop the</p> <p>2 HIDI protocols, the heroin involved death</p> <p>3 investigation protocols with CPD and the</p> <p>4 sheriff's office and the prosecutor's office, I</p> <p>5 don't know if any of those specific policies in</p> <p>6 that protocol assist them when they find that</p> <p>7 they are investigating a doctor, but it may.</p> <p>8 Q. So the short answer is that you are</p> <p>9 not aware of any specific procedures relating</p> <p>10 to opioid prescribing?</p> <p>11 A. Not specific, no.</p> <p>12 Q. What about opioid diversions,</p> <p>13 illegal opioid diversions, and I apologize, I'm</p> <p>14 shortening the questions. I shouldn't.</p> <p>15 If you understand, is it your</p> <p>16 understanding that the county has any specific</p> <p>17 policies or procedures relating to how law</p> <p>18 enforcement investigates or prosecutes</p> <p>19 instances of illegal diversion?</p> <p>20 A. I don't believe that there is any</p> <p>21 special, specific to diversion, no.</p> <p>22 Q. And the same question would apply</p> <p>23 to improper dispensing at the pharmacy level?</p> <p>24 A. Correct.</p> <p>25 Q. As part of Cuyahoga County's</p>	<p style="text-align: right;">Page 145</p> <p>1 A. Would you explain what you mean by</p> <p>2 "investigation"?</p> <p>3 Q. At some point -- and again, I want</p> <p>4 to try carefully, because I'm really not asking</p> <p>5 you to reveal any sort of confidential</p> <p>6 attorney-client communications or work product.</p> <p>7 A. Sure.</p> <p>8 Q. But just from a factual standpoint,</p> <p>9 at some point, obviously, the county developed</p> <p>10 concerns that particular entities and companies</p> <p>11 may be responsible for the harm that they</p> <p>12 alleged occurred.</p> <p>13 I don't want to get into any of the</p> <p>14 harm stuff, we talked about that at length.</p> <p>15 I'm really just looking for when the county</p> <p>16 first decided that it was going to investigate</p> <p>17 or -- and pursue legal action against certain</p> <p>18 entities?</p> <p>19 MR. CIACCIO: Objection to form.</p> <p>20 Outside the scope.</p> <p>21 A. Which -- this is addressing which</p> <p>22 topic?</p> <p>23 Q. Topic 2.</p> <p>24 MR. CIACCIO: He's not topic 2.</p> <p>25 MS. ROITMAN: Mitigation of</p>

<p style="text-align: right;">Page 146</p> <p>1 damages, whatever topic that is. We talked 2 about it at length this morning. 3 A. Gotcha. 2016 changed everything. 4 We went -- you know, we doubled the number of 5 deaths, and fentanyl had flooded the market. I 6 wouldn't be able to give you an exact date, 7 because, again, it wasn't within my normal 8 preparation for this, but after 2016, it was 9 clear that we weren't able to control and 10 contain what was happening. 11 Q. So is it the county's position, as 12 the 30(b)(6) representative, that in, roughly, 13 sometime in 2016 was when the county first 14 considered initiating litigation against 15 particular entities? 16 MR. CIACCIO: Objection to form. 17 A. It was certainly sometime after the 18 summer of 2016 or before the spring of 2017, 19 but I couldn't be more specific. 20 MS. ROITMAN: I have no further 21 questions right now. If you would just give us 22 ten minutes to regroup. I think we should be 23 able to get you out of here pretty soon. 24 MR. CIACCIO: Okay. Can we just 25 put on the record whatever time we have, when</p>	<p style="text-align: right;">Page 148</p> <p>1 Whereupon, counsel was requested to give 2 instruction regarding the witness's review of 3 the transcript pursuant to the Civil Rules. 4 5 SIGNATURE: 6 Transcript review was requested pursuant to the 7 applicable Rules of Civil Procedure. 8 9 TRANSCRIPT DELIVERY: 10 Counsel was requested to give instruction 11 regarding delivery date of transcript. 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 147</p> <p>1 you can figure it out? 2 THE VIDEOGRAPHER: When we come 3 back. 4 MR. CIACCIO: That's fine. 5 THE VIDEOGRAPHER: Off the record 6 at 12:20. 7 (Recess taken.) 8 THE VIDEOGRAPHER: We are now on 9 the record. It is 12:23 p.m. We are at two 10 hours and 46 minutes of depo time with this 11 witness. 12 MR. CIACCIO: And I don't have any 13 questions. We just, Cuyahoga County has a 14 standing objection to Baker Hostetler's 15 involvement in any of these depositions, 16 specifically through Carole Rendon, but other 17 than that, I don't have anything else. 18 MS. HARTMAN: Just for the record, 19 Endo wants its counsel to be here, and we think 20 your objection is baseless. 21 MR. CIACCIO: I think my objection 22 is not baseless. 23 THE VIDEOGRAPHER: Off the record. 24 12:23. 25 (Deposition concluded at 12:23 p.m.)</p>	<p style="text-align: right;">Page 149</p> <p>1 REPORTER'S CERTIFICATE 2 The State of Ohio,) 3 SS: 4 County of Cuyahoga.) 5 6 I, Wendy L. Klauss, a Notary Public 7 within and for the State of Ohio, duly 8 commissioned and qualified, do hereby certify 9 that the within named witness, HUGH SHANNON, 10 was by me first duly sworn to testify the 11 truth, the whole truth and nothing but the 12 truth in the cause aforesaid; that the 13 testimony then given by the above-referenced 14 witness was by me reduced to stenotypy in the 15 presence of said witness; afterwards 16 transcribed, and that the foregoing is a true 17 and correct transcription of the testimony so 18 given by the above-referenced witness. 19 I do further certify that this 20 deposition was taken at the time and place in 21 the foregoing caption specified and was 22 completed without adjournment. 23 24 25</p>

<p style="text-align: right;">Page 150</p> <p>1 I do further certify that I am not 2 a relative, counsel or attorney for either 3 party, or otherwise interested in the event of 4 this action. 5 IN WITNESS WHEREOF, I have hereunto 6 set my hand and affixed my seal of office at 7 Cleveland, Ohio, on this 18th day of 8 January, 2019. 9 10 11 12 13  14 Wendy L. Klauss, Notary Public 15 within and for the State of Ohio 16 17 My commission expires July 13, 2019. 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 152</p> <p>1 DEPOSITION REVIEW 2 CERTIFICATION OF WITNESS 3 4 ASSIGNMENT REFERENCE NO: 3191952 5 CASE NAME: In Re: National Prescription Opiate Litigation 6 DATE OF DEPOSITION: 1/15/2019 7 WITNESS' NAME: Hugh Shannon 8 In accordance with the Rules of Civil 9 Procedure, I have read the entire transcript of 10 my testimony or it has been read to me. 11 I have made no changes to the testimony 12 as transcribed by the court reporter. 13 14 Date <u>Hugh Shannon</u> 15 Sworn to and subscribed before me, a 16 Notary Public in and for the State and County, 17 the referenced witness did personally appear 18 and acknowledge that: 19 20 They have read the transcript; 21 They signed the foregoing Sworn 22 Statement; and 23 Their execution of this Statement is of 24 their free act and deed. 25 I have affixed my name and official seal this _____ day of _____, 20____. _____ Notary Public _____ Commission Expiration Date</p>
<p style="text-align: right;">Page 151</p> <p>1 Veritext Legal Solutions 2 1100 Superior Ave 3 Suite 1820 4 Cleveland, Ohio 44114 5 Phone: 216-523-1313 6 7 January 18, 2019 8 To: Joseph L. Ciaccio, Esq. 9 10 Case Name: In Re: National Prescription Opiate Litigation 11 Veritext Reference Number: 3191952 12 13 Witness: Hugh Shannon Deposition Date: 1/15/2019 14 15 Dear Sir/Madam: 16 17 Enclosed please find a deposition transcript. Please have the witness 18 review the transcript and note any changes or corrections on the 19 included errata sheet, indicating the page, line number, change, and 20 the reason for the change. Have the witness' signature notarized and 21 forward the completed page(s) back to us at the Production address 22 shown 23 above, or email to production-midwest@veritext.com. 24 25 If the errata is not returned within thirty days of your receipt of this letter, the reading and signing will be deemed waived. Sincerely, Production Department NO NOTARY REQUIRED IN CA</p>	<p style="text-align: right;">Page 153</p> <p>1 DEPOSITION REVIEW 2 CERTIFICATION OF WITNESS 3 4 ASSIGNMENT REFERENCE NO: 3191952 5 CASE NAME: In Re: National Prescription Opiate Litigation 6 DATE OF DEPOSITION: 1/15/2019 7 WITNESS' NAME: Hugh Shannon 8 In accordance with the Rules of Civil 9 Procedure, I have read the entire transcript of 10 my testimony or it has been read to me. 11 I have listed my changes on the attached 12 Errata Sheet, listing page and line numbers as 13 well as the reason(s) for the change(s). 14 I request that these changes be entered 15 as part of the record of my testimony. 16 17 I have executed the Errata Sheet, as well 18 as this Certificate, and request and authorize 19 that both be appended to the transcript of my 20 testimony and be incorporated therein. 21 22 Date <u>Hugh Shannon</u> 23 Sworn to and subscribed before me, a 24 Notary Public in and for the State and County, 25 the referenced witness did personally appear and acknowledge that: They have read the transcript; They have listed all of their corrections in the appended Errata Sheet; They signed the foregoing Sworn Statement; and Their execution of this Statement is of their free act and deed. I have affixed my name and official seal this _____ day of _____, 20____. _____ Notary Public _____ Commission Expiration Date</p>

1	ERRATA SHEET
2	VERITEXT LEGAL SOLUTIONS MIDWEST
3	ASSIGNMENT NO: 1/15/2019
4	PAGE/LINE(S) / CHANGE /REASON
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20	Date _____ Hugh Shannon
21	SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
22	DAY OF _____, 20____.
23	_____ Notary Public
24	
25	_____ Commission Expiration Date

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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